

A95000000596

SMITH, WILLIAMS & HUMPHRIES

ATTORNEYS AT LAW

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1700 13TH STREET
SUITE 2
ST. CLOUD, FLORIDA 34769
(407) 892-5345
FAX (407) 937-6097

PLEASE REPLY TO ORLANDO

*ALSO ADMITTED VA BAR
**ALSO ADMITTED NY BAR

April 6, 1995

Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

Re: Olte Family Partnership, Ltd.
Our Client No. 1880-1

200001453162
-04/11/95--01064--004
***290.50 ***290.50

Gentlemen:

Enclosed please find two original Certificates of Limited Partnership with Affidavits for the above partnership, along with our firm's check made payable to the Department of State in the amount of \$290.50 representing the fees required for the following:

Filing Fee based on Affidavit	\$203.00	-1196.00
Certified Copy Fee	\$ 52.50	
Registered Agent Fee	\$ 35.00	
Total	\$290.50	overpay \$1.00

I would appreciate your filing the Certificates and returning the certified copy to me as soon as possible.

If you have any questions or need additional information, please contact me at the above-listed Orlando number.

Sincerely,

4/13/95a

J. Gregory Humphries

J. Gregory Humphries

JGH/kk
Enclosures

FILED
1995 APR 10 AM 8:40
TALLAHASSEE, FLORIDA

1950000596

CERTIFICATE OF LIMITED PARTNERSHIP
OF
OTTE FAMILY PARTNERSHIP, LTD.

FILED
1995 APR 10 AM 9:40
TALLAHASSEE, FLORIDA

WHEREAS, the undersigned desires to form a limited partnership (to be known as "OTTE FAMILY PARTNERSHIP, LTD.") pursuant to the provision of a Limited Partnership Agreement.

WHEREAS, the undersigned hereby makes, acknowledges and files with the Secretary of State of Florida the Certificate of Limited Partnership for the purpose of forming, pursuant to the aforesaid Limited Partnership Agreement, a limited partnership in accordance with the laws of the State of Florida.

NOW, THEREFORE, the undersigned hereby certifies as follows:

1. Name of Partnership: The name of the Partnership shall be OTTE FAMILY PARTNERSHIP, LTD.

2. Office and Agent for Service of Process: The recordkeeping office for the Partnership shall be 945 Seddon Cove Way, Tampa, Florida 33602. The agent for the service of process is J. Gregory Humphries and his address is 201 East Pine St., Suite 701, Orlando, Florida 32801. The Partnership may change its recordkeeping office or its registered agent, or both, by filing with the Department of State of the State of Florida an amendment complying with this chapter.

3. Name and Business Address of General Partner: The name and address of the General Partner is as follows:

Marsha S. Otte
945 Seddon Cove Way
Tampa, Florida 33602

4. Mailing Address: The mailing address for the Partnership shall be 945 Seddon Cove Way, Tampa, Florida 33602, attention Marsha S. Otte.

5. Term: This Limited Partnership shall commence on the date upon which this Certificate of Limited Partnership is duly filed with the Office of the Secretary of State of the State of Florida, and shall continue thereto in accordance with the terms provided in the Limited Partnership Agreement until December 31, 2025.

IN WITNESS WHEREOF, the undersigned, being first duly sworn, has hereto affixed my signature and seal, thereby executing this Certificate of Limited Partnership for the uses and purposes herein stated.

GENERAL PARTNER:

David J. Smith

Cynthia Kraft

Marsha S. Otte
Marsha S. Otte

FILED
1995 APR 10 AM 9:40
TALLAHASSEE, FLORIDA

STATE OF FLORIDA
COUNTY OF Hillsborough

The foregoing instrument was acknowledged before me this 27 day of March, 1995, by Marsha S. Otte to me well known to be a General Partner of the Partnership and one of the persons described in and who signed the foregoing Certificate of Limited Partnership, who is personally known to me ~~or who has~~ produced _____ as identification and who ~~did~~ (did not) take an oath.

Cynthia Kraft
(Signature)



(Printed name)
NOTARY PUBLIC - STATE OF FLORIDA
SERIAL NO.:

Having been named to accept Service of Process for the above-stated Limited Partnership, at the place designated in this Certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I accept the duties and obligations of Section 620.192, Florida Statutes.

Signature: *J. Gregory Humphries*
J. Gregory Humphries

Date: March 27, 1995

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Hillsborough

FILED
1995 APR 10 AM 9:40
TALLAHASSEE, FLORIDA

The undersigned, being first duly sworn, deposes and says that:

1. She is a General Partner of OTTE FAMILY PARTNERSHIP, LTD.
2. Capital contributions in the amount of \$1,000.00 have been made by the Partners of said Partnership.
3. Capital contributions in the amount of \$28,000.00 are anticipated to be contributed by the Partners of said Partnership.

This Affidavit is made for the purpose of filing with the Certificate of Limited Partnership of OTTE FAMILY PARTNERSHIP, LTD.

Marsha S. Otte

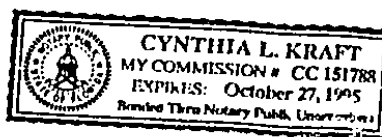
Marsha S. Otte

STATE OF FLORIDA
COUNTY OF Hillsborough

The foregoing instrument was acknowledged before me this 27 day of March, 1995, by Marsha S. Otte, a General Partner of OTTE FAMILY PARTNERSHIP, LTD., who is personally known to me ~~or who has produced~~ as identification and who did (did not) take an oath.

Cynthia Kraft
(Signature)

(Printed name)
NOTARY PUBLIC - STATE OF FLORIDA
SERIAL NO.:



A9500000596

OFFICE USE ONLY (Document #)

Otte Family Partnership, Ltd.
(Requestor's Name)
945 Sedden Cove Way
(Address)
Tampa, FL 33610
(City, State, Zip) (Phone #)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

96 JUN -3 AM 8:40

FILED

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Otte Family Partnership, Ltd. 700001854547
(Corporation Name) (Document #)
-06/06/96--01110--021
****195.06 ****195.06
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
- ☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

\$ 195.06-FF
CM



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

**SUPPLEMENTAL AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR
FLORIDA LIMITED PARTNERSHIP**

FILED
96 JUN -3 AM 8:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned general partners of OTTE FAMILY PARTNERSHIP, LTD.

_____, a
Florida Limited Partnership, executed this supplemental affidavit filed pursuant to section 620.112,
Florida Statutes.

The total amount of the capital contributions of the limited partners is: \$ 55,865.00.

This 15th day of MAY, 19 96.

FURTHER AFFIANT SAYETH NOT.

*Under penalties of perjury I declare that I have read the foregoing and that the facts are true, to
the best of my knowledge and belief.*

General Partner(s)

Martha S. Otte

FEES:

\$7 per \$1,000 based on the additional contributions
(Minimum \$52.50 - Maximum \$1,750.00)

APPLICATION FOR
REGISTRATION

LIMITED PARTNERSHIP

DOCUMENT # A95000000596

1. Name of Partnership

OTTE FAMILY PARTNERSHIP, LTD.

A95000000596

FILED

96 JUN-27 AM 8:40

1029.81
ALLAHASSEE, FLORIDA
CM

DO NOT WRITE IN THIS SPACE

CM

2. Mailing Address 945 Seddon Cove Way Date App. # etc.		3. Office Address 945 Seddon Cove Way Date App. # etc.		4. Date Contract Registered to the Secretary of State 4/10/95	
City & State Tampa, FL		City & State Tampa, FL		5. Filing Number 59-3303189	
Zip 33610	County Hillsborough	Zip 33610	County Hillsborough	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
8a. Capital Contributions as shown on Record 28,000		FEES: 1) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in fil. with a minimum filing fee of \$52.50 and a maximum of \$437.50 for each year due this office. 2) Supplemental Fee(s): \$138.75 for each year due this office beginning with 1992 calendar year. 3) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent. Note: If the amount entered in fil. is greater than amount entered in fil., a supplemental affidavit must be submitted along with a separate and appropriate filing fee.		7. State or Country of Formation Florida	
8b. Amount of Capital Contributions in FLORIDA to date 55,865.00					

9. Name and Address of Current Registered Agent Marsha S. Otte 945 Seddon Cove Way Tampa, FL 33610		10. If changed, new registered agent office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. # etc. City FL Zip Code	
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10a. Pursuant to the provisions of sections 620.1051 and 620.102 Florida Statutes, the above named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with and accept the obligations of section 620.102 Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) Marsha S. Otte DATE 5/29/96

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Names of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	11a. Filing Station Document Number
	945 Seddon Cove Way	Tampa, FL 33610	

500001255265
-05/07/96--01025--002
***1029.81 ***1029.81

CR2EC39 (4/95)

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.071(1)(b), Florida Statutes, because the filer is a corporation, partnership, limited liability company or other entity organized under the laws of the State of Florida. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath. I further certify that I am a General Partner of the limited partnership herein registered.

SIGNATURE Marsha S. Otte

Typed or Printed Name of General Partner Signing Form Marsha S. Otte

DATE 5/01/96

Telephone Number (813) 223-9769