A950000000619

Scott T. Cullen
(Requestor's Name)
RT 1 Box 695
(Address)
[illegible] St [illegible] Fl
(City, State, Zip) (Phone #) 904 [illegible]-8695

OFFICE USE ONLY

FILED
95 APR 17 PM 4:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1. Cullen Family Limited Partnership
(Corporation Name) (Document #)

2. (Corporation Name) (Document #)

3. (Corporation Name) (Document #)

4. (Corporation Name) (Document #)

[✓] Walk in [ ] Pick up time ______ [✓] Certified Copy

[ ] Mail out [X] Will wait [ ] Photocopy [✓] Certificate of Status

NEW FILINGS	
	Profit
	NonProfit
X	Limited Liability
	Domestication
	Other

AMENDMENTS	
	Amendment
	Resignation of R.A., Officer/Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

CM

$ 87.50 - FF
52.50 - CC
8.75 - CUS

OTHER FILINGS	
	Annual Report
	Fictitious Name
	Name Reservation

REGISTRATION/ QUALIFICATION	
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

Examiner's Initials

CR2E031(10/92)

CERTIFICATE OF LIMITED PARTNERSHIP
OF

1. Cullen Family Limited Partnership
(Name of Limited Partnership must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")

FILED
95 FEB 17 PM 4:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Route 1, Box 695, Port St. Joe, FL 32456
(The Business Address of Limited Partnership)

3. John F. Cullen, Jr.
(Name of Registered Agent for Service of Process)

4. Route 1, Box 695, Port St. Joe, FL 32456
(Florida street address)

5. John F. Cullen, Jr.
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process.)

6. Route 1, Box 695, Port St. Joe, FL 32456
(The Mailing Address of the Limited Partnership)

7. The latest date upon which the Limited Partnership is to be dissolved is December 31, 2060.

8. NAME OF GENERAL PARTNER(s)	SPECIFIC ADDRESS
John F. Cullen, Jr.	Route 1, Box 695 Port St. Joe, FL 32456

Signed this 17 day of April, 19 95.

Signature of all general Partners:

John F. Cullen, Jr.
General Partner

General Partner

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned constituting all of the general partners of Cullen Family Limited Partnership, a Florida Limited Partnership, certify as follows:

FILED
95 APR 17 PM 4:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The amount of capital contributions to date of the limited partners is $ 1,000.00.

The total amount contributed and anticipated to be contributed by the limited partners at this time totals $1,000.00.

This 17 day of APRIL, 1995.

FURTHER AFFIANT SAYETH NOT.

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

✓ _____	_____
General Partner	General Partner
_____	_____
General Partner	General Partner
_____	_____
General Partner	General Partner

EXHIBIT "A"
SCHEDULE OF PARTNERS

	INITIAL CAPITAL CONTRIBUTION	INITIAL PROFIT PERCENTAGE	INITIAL OWNERSHIP PERCENTAGE
GENERAL PARTNER			
John F. Cullen, Jr.	over $100	1%	1%
LIMITED PARTNERS			
John F. Cullen, Jr. Living Trust	over $100	49%	49%
Ginger K. Cullen Living Trust	over $100	50%	50%
TOTAL		100%	100%

FILED
95 APR 17 PM 4:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

IN WITNESS WHEREOF, this Limited Partnership Agreement has been executed as of the date first above written.

FILED
95 APR 17 PM 4:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

"GENERAL PARTNER"

John F. Cullen, Jr.

"LIMITED PARTNER"

John F. Cullen, Jr.
Living Trust by

Ginger K. Cullen
Living Trust by

A95000000619

John T. Cullen
(Requestor's Name)
Rt 1 - Box 695
(Address)
Sopchoppy FL 32358
(City, State, Zip) (Phone #) 904 962-8695

OFFICE USE ONLY

FILED
95 APR 17 PM 4:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

700001460047--7
-04/19/95--01025--011
****148.75 ****148.75

1. Cullen Family Limited Partnership
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

RECEIVED
95 APR 17 PM 3:19
DIVISION OF CORPORATIONS

☒ Walk in ☐ Pick up time _____ ☒ Certified Copy

☐ Mail out ☒ Will wait ☐ Photocopy ☒ Certificate of Status

CM

$87.50 - F.F.
57.50 - CC
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	NonProfit
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REGISTRATION/ QUALIFICATION	
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	Reinstatement
	Trademark
	Other

Examiner's Initials	

CR2E031(10/92)

CERTIFICATE OF LIMITED PARTNERSHIP
OF

1. Cullen Family Limited Partnership
(Name of Limited Partnership must contain a suffix such as "Limited", "Limited Partnership", or "Limited Partnership")

FILED
95 APR 17 PM 4:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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(The Business Address of Limited Partnership)

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(Florida street address)

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Signature of all general Partners:

John F. Cullen Jr.
General Partner

General Partner

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

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TALLAHASSEE, FLORIDA

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General Partner	General Partner
General Partner	General Partner
General Partner	General Partner

EXHIBIT "A"
SCHEDULE OF PARTNERS

	INITIAL CAPITAL CONTRIBUTION	INITIAL PROFIT PERCENTAGE	INITIAL OWNERSHIP PERCENTAGE
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LIMITED PARTNERS			
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TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

"GENERAL PARTNER"

John F. Cullen, Jr.

"LIMITED PARTNER"

John F. Cullen, Jr.
Living Trust by

Ginger K. Cullen
Living Trust by

FILE ON OR BEFORE DECEMBER 31, 1995 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND $500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1996

FLORIDA DEPARTMENT OF STATE

A95000000619

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 JAN 31 PM 2:57

1. Name of Limited Partnership

1a. DOCUMENT #
A95000000619

CULLEN FAMILY LIMITED PARTNERSHIP

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, if Applicable

Suite, Apt. #, etc.

City, State & Zip

2a. New Principal Office Address, if Applicable

Apt. #, etc.

City, State & Zip

Mailing Address
ROUTE 1, BOX 695
PORT ST. JOE FL 32456

Principal Office Address
ROUTE 1, BOX 695
PORT ST. JOE FL 32456

If above addresses are incorrect in any way, type through the incorrect information and enter corrected address in Block 2 and/or 2a.

3. Date Formed or Registered to Do Business in FLORIDA	3a. Date of Last Report	4. State or Country of Formation
04/17/1995		Fl.

5a. Capital Contributions as Shown on Record	5b. Amount of Capital Contributions in FLORIDA to date	6. FEI Number	7. CERTIFICATE OF STATUS REQUIRED
$1,000.00	1000.00	59-3307692	Applied For ☐ Not Applicable X

$8.75 Additional Fee required for a Certificate of Status

8. FEES: 1.) Filing Fee. Computed at a rate of $7 per $1,000 on amount entered in 5b or 5a if 5b blank, with a minimum filing fee of $52.50 and a maximum of $437.50
2.) Supplemental Fee. $138.75 (pursuant to section 607.193, F.S.)
THE AMOUNT DUE SHALL BE NO LESS THAN $191.25 ($52.50 + $138.75) AND NO MORE THAN $576.25 ($437.50 + $138.75)
Note: If the amount entered in 5b is greater than amount entered in 5a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.
MAKE CHECK PAYABLE TO FLORIDA DEPT. OF STATE

9. Name and Address of Current Registered Agent	10. If changed, new Registered Agent/Office
CULLEN, JOHN F JR. ROUTE 1, BOX 695 PORT ST. JOE FL 32456	Name Street Address (P.O. Box Number is N.A. Acceptable) Suite, Apt. #, etc. City: FL Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, 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 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE 12-21-95

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
CULLEN, JOHN F JR.	ROUTE 1, BOX 695	PORT ST. JOE FL 32456	

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

12. I do hereby certify that the information supplied with this filing is complete, accurate and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability for any inaccuracy in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual 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, a receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE _____ DATE 12/1/95

Typed or Printed Name of Individual Signing Form: JOHN F. CULLEN JR. Telephone Number: 904-229-8215

CR2E003 (6/95)

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