



1116-D Thomawille Road
Mount Vernon Square
Tallahassee, Florida 32303
(904) 222-2666
(904) 222-1666 (Fax)
(800) 969-1666

GLINDA P. BENNETT
Personal Representative

A950000000717

95 MAY -8 AM 11:10

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

OFFICE USE ONLY

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

900001482889
-05/10/95--01075--019
****140.00 ****140.00

1. Peak Family Partnership, Ltd
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☒ Walk in ☒ Pick up time 5-8/100 ☒ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input checked="" 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

B. TAX
FILING 52.50
R. AGENT FEE 35.00
C. COPY 52.50
TOTAL 140.00
V. BANK
BALANCE DUE
OFFICE

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

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

5/8/95
Examiner's Initials hjt

CERTIFICATE OF LIMITED PARTNERSHIP
OF
PEAK FAMILY PARTNERSHIP, LTD.
A Florida Limited Partnership

THE UNDERSIGNED, constituting the general partner of PEAK FAMILY PARTNERSHIP, LTD., a Florida limited partnership, hereby files its Certificate of Limited Partnership in accordance with Chapter 620, Florida Statutes, as follows:

1. The name of the Partnership is PEAK FAMILY PARTNERSHIP, LTD.
2. The address of the office of the Partnership is:

17527 Pinewood Forrest
Spring, Texas 77379
3. The name and address of the agent for service of process on the Partnership is:

Paul M. Caldwell, Esq.
Suite 624, Biscayne Building
19 West Flagler Street
Miami, Florida 33130
4. The name and business address of the general partner is as follows:

Peak Resorts of Florida, Inc.
17805 U.S. Highway 192
Clermont, Florida 34711
5. The mailing address of the Partnership is:

17527 Pinewood Forrest
Spring, Texas 77379
6. The latest date upon which the Partnership will dissolve is December 31, 2045.

The execution of this Certificate by the undersigned General Partner constitutes an affirmation under penalties of perjury that the facts stated herein are true.

IN WITNESS WHEREOF, the undersigned has duly executed this Certificate of Limited Partnership of PEAK FAMILY PARTNERSHIP, LTD. this 5th day of May, 1995.

GENERAL PARTNER:
Peak Resorts of Florida, Inc.

By:

James W. Peak, President

FILED
STATE
SECRETARY OF
CORPORATIONS
DIVISION
95 MAY -8 AM 11:10

844000079439

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been named as Registered Agent for PEAK FAMILY PARTNERSHIP, LTD., a Florida limited partnership (the "Partnership"), in the foregoing Certificate of Limited Partnership, the undersigned, on behalf of the Partnership, hereby agrees to accept service of process and to comply with any and all statutes relative to the complete and proper performance of the duties of a registered agent.

REGISTERED AGENT:

By: Paul M. Caldwell
Paul M. Caldwell, Esq.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -8 AM 11:10

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned authority, personally appeared the undersigned person, as President of Peak Resorts of Florida, Inc., the general partner of Peak Family Partnership, Ltd., a Florida limited partnership (herein referred to as the "Partnership"), who upon being duly sworn, certified as follows:

1. As of the date hereof, the amount of capital contributions to the Partnership made by the limited partners is as follows:

\$100.00

2. The additional capital contributions anticipated to be contributed by additional limited partners is as follows:

\$4,800.00

3. Affiant has executed this Affidavit of Capital Contributions as the duly authorized representative of the general partner of the Partnership.

FURTHER AFFIANT SAYETH NOT.

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

Date: 5/5, 1995

GENERAL PARTNER:
Peak Resorts of Florida, Inc.

By: [Signature]
James W. Peak, President

STATE OF FLORIDA)

COUNTY OF Lake)

BEFORE ME, the undersigned officer, a Notary Public authorized to administer oaths and to take acknowledgements in and for the State and County set forth above, personally appeared James W. Peak, President of Peak Resorts of Florida, Inc., the general partner of the Partnership (the "General Partner"), known to me and known by me to be the person who executed the foregoing Affidavit of Capital Contribution or who has produced a driver's license with a picture identification, and he acknowledged to me and before me that he executed this Affidavit in foregoing capacity on behalf of the Partnership.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the State and County aforesaid, this 5th day of May, 1995.

(NOTARY SEAL)



OFFICIAL SEAL
JEAN E. HOBSON
My Commission Expires
Oct. 6, 1996
Comm. No. CC 233728

[Signature]
Notary Public JEAN E. HOBSON
My Commission Expires: 10/6/96

ARTICLE OF INCORPORATION
REINSTATEMENT

LIMITED PARTNERSHIP

DOCUMENT # A 95000000717

1. Name of Partnership

PEAK FAMILY PARTNERSHIP, LTD

4/12/96



A95000000717

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 JUN 10 PM 12:44

FILED BY APPLICANT TO THIS OFFICE

2. Principal Office Address 17805 U.S. 192	3. Principal Office Address 17805 U.S. 192	4. Date of Filing of this Statement 5/8/95
CLERMONT, FL	CLERMONT, FL	5. FID Number 59-3313318
34711 LAKE	34711 LAKE	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status
		7. Name of County of Incorporation LAKE

8a. Amount of Filing Fee \$4,900.00	FEES: 1) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 8b, with a maximum 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 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.
8b. Amount of Supplemental Filing Fee FLORIDA \$4,900.00	

9. Name and Address of Current Registered Agent PAUL M. CALDWELL, ESQ SUITE 624, BISCAYNE BLDG 19 WEST FLAGLER ST. MIAMI, FL 33130	10. If changed, new registered agent office Name: SAMUEL H. SIMKIN, ESQ Street Address (P.O. Box Number or Post Office) 5728 MAJOR BOULEVARD Suite, Apt. # or SUITE 180 City: ORLANDO FL 32819
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10a. Pursuant to the provisions of Sections 620, 620.1, and 620.2, 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 in accordance with and subject to the provisions of Sections 620, 620.1, and 620.2, Florida Statutes.

Signature: Samuel H. Simkin DATE: 6/4/96

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 Partners	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	11a. Registration Document Number
PEAK RESORTS OF FLORIDA, INC PRINCIPAL - 500.00 A2 - 437.50 ARSCUD - 138.75 CUS - 8.75 700.00	17805 US 192 CLERMONT, FL 34711	CLERMONT FL 34711	P94000007439 200001877922 -06/27/96--01021--022 ****700.00 ****700.00
REINSTATEMENT 1996			
(B) (CUS)			

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

12. I, the undersigned, certify that the information supplied with this filing is true and correct and does not qualify for the exemption stated in Section 19.05, Florida Statutes. I declare that I am a general partner in the partnership and am qualified to execute this statement. I am not a partner in the partnership and am not qualified to execute this statement. I am a partner in the partnership and am not qualified to execute this statement. I am a partner in the partnership and am not qualified to execute this statement.

SIGNATURE: Samuel H. Simkin, V.P.
DATE: 6/4/96
TELEPHONE NUMBER: 407/294-8200

Typed or Printed Name of General Partner Signing Form: SAMUEL H. SIMKIN, V.P.

CR2E039 (4/95)