

JUN-20-95 TUE 11:57

GUNSTER YONKLEY & STEWAR

FAX NO. 0323503

P.01

# A95000000923

0/20/03

FLORIDA DIVISION OF CORPORATIONS  
PUBLIC ACCESS SYSTEM

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((H95000000044))

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TO, DIVISION OF CORPORATIONS

FROM, GUNSTER, YONKLEY & STEWART, P.A.

DEPARTMENT OF STATE

777 S FLAGLER DR

STATE OF FLORIDA

PHILLIPS POINT SUITE 500E

400 EAST GAINES STREET

WEST PALM BEACH FL 33401-6104

TALLAHASSEE, FL 32389

CONTACT, SHERI J MILLER

FAX, (904) 022-4000

PHONE, (407) 050-8050

FAX, (407) 850-3652

((H95000000044))

DOCUMENT TYPE, FLORIDA LIMITED PARTNERSHIP

NAME, BENNETT FAMILY INVESTMENT LIMITED PARTNERSHIP

FAX AUDIT NUMBER, H95000000044

CURRENT STATUS, REQUESTED

DATE REQUESTED, 06/20/1995

TIME REQUESTED, 10:44:34

CERTIFIED COPIES, 1

CERTIFICATE OF STATUS, 0

NUMBER OF PAGES, 4

METHOD OF DELIVERY, FAX

ESTIMATED CHARGE, \$140.00

ACCOUNT NUMBER, 070117000400

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\*\* ENTER 'M' FOR MENU, \*\*

ENTER SELECTION AND <CR>.

6/20/95  
AJ

TALLAHASSEE, FLORIDA

1995 JUN 20 PM 2:08

FILED

RECEIVED  
JUN 20 1995  
PM 1:13

1195000006844

**CERTIFICATE OF LIMITED PARTNERSHIP OF  
BENNETT FAMILY INVESTMENT LIMITED PARTNERSHIP  
a Florida limited partnership**

A95000000923

The undersigned general partner, desiring to form a limited partnership pursuant to the Florida Revised Uniform Limited Partnership Act as set forth in Chapter 620.100, Florida Statutes, hereby certifies the following:

1. Name of Partnership. The name of the Partnership is as follows:

BENNETT FAMILY INVESTMENT LIMITED PARTNERSHIP

2. Address of Record Keeping Office. The address of the record keeping office of the Partnership in the State of Florida is as follows:

5 Isla Bahia Drive  
Ft. Lauderdale, FL 33316

3. Registered Office and Agent. The name and address of the agent for service of process on the Partnership is as follows:

VALDES-FAULI CORPORATE SERVICES, INC.  
777 South Flagler Drive, Suite 500 East  
West Palm Beach, Florida 33401

4. Name and Business Address of General Partner. The name and business address of the general partner is as follows:

BENNETT FAMILY INVESTMENT CORPORATION  
5 Isla Bahia Drive  
Ft. Lauderdale, FL 33316

5. Mailing Address. The mailing address of the Partnership is as follows:

1540 S. Holland Sylvania Road  
Maumee, Ohio 43537

6. Latest Date Upon Which Partnership Is To Dissolve. The latest date upon which the Partnership is to dissolve is December 31, 2044.

IN WITNESS WHEREOF, this Certificate of Limited Partnership has been executed by Keith A. Bennett, President of Bennett Family Investment Corporation, a Florida corporation, Sole General Partner of Bennett Family Investment Limited Partnership, this 25th day of May, 1995.

Stephen G. Vogelsang, Esq.  
777 S. Flagler Drive, Suite 500 East, West Palm Beach, FL 33401  
(407) 655-1980 : FL Bar # 0614424

FILED  
1995 JUN 20 9 42 08  
TALLAHASSEE, FLORIDA

JUN-20-95 TUE 11:50

GUNSTER YONKLEY & STEWAR

FAX NO. 8323563

P. 03

1195000006044

Bennett Family Investment Corporation, a  
Florida Corporation  
SOLE GENERAL PARTNER

By:   
Keith A. Bennett, President

111203

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1995 JUN 20 PM 2: 08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the Undersigned, personally appeared Keith A. Bennett, President of Bennett Family Investment Corporation, a Florida corporation, General Partner of Bennett Family Investment Limited Partnership, a Florida limited Partnership, hereinafter referred to as the "Partnership," who certifies as follows:

1. The total amount of capital contributions of the limited partners to the Partnership is \$7,500.00.
2. The limited partners do not anticipate making any additional capital contributions to the Partnership.

Executed this 25th day of May, 1995.

FURTHER AFFIANT SAITH 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

Bennett Family Investment Corporation,, a  
Florida corporation

By: Keith A. Bennett  
Keith A. Bennett, President

STATE OF <sup>OHIO</sup> FLORIDA

COUNTY OF <sup>LUCAS</sup> PALM BEACH

BEFORE ME, the undersigned officer, a Notary Public authorized to administer oaths and to take acknowledgments in and for the State and County set forth above, personally appeared Keith A. Bennett, President of Bennett Family Investment Corporation, a <sup>OHIO</sup> Florida corporation, General Partner, known to me and know by me to be the person who executed the foregoing Instrument, and he acknowledged to me and before me that he executed this Instrument as General Partner of said partnership.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the State and County aforesaid, this 25th day of MAY, 1995.

Julius E. Bani  
Notary Public

<sup>OHIO</sup>  
State of Florida at Large  
My Commission Expires: 7/19/99

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JUN-20-95 TUE 12:00

GUNSTER YONKLEY & STEWAR

FAX NO. 8323563

P. 05

H95000006844

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been named as registered agent for BENNETT FAMILY INVESTMENT LIMITED PARTNERSHIP, a Florida limited partnership (the "Partnership"), in the foregoing Certificate of Limited Partnership, VALDES-FAULI CORPORATE SERVICES, INC., on behalf of the Partnership, hereby agrees to accept service of process for said Partnership and to comply with any and all Florida Statutes relative to the complete and proper performance of the duties of registered agent.

REGISTERED AGENT:

VALDES-FAULI CORPORATE SERVICES,  
INC.

By:   
Michael V. Mitrone, Vice President

81233

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1995 JUN 20 PM 2:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

H95000006844

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

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1996

A9500000923

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

96 JAN -3 PM 12:41

1. Name of Limited Partnership

1a. DOCUMENT #  
A9500000923

BENNETT FAMILY INVESTMENT LIMITED PARTNERSHIP

Mailing Address

1540 S. HOLLAND SYLVANIA RD. ✓  
MAUMEE OH 43537

Principal Office Address

5 ISLA BAHIA DR.  
FT. LAUDERDALE FL 33316

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, if Applicable

State, Apt. #, etc.

City, State & Zip

2a. New Principal Office Address, if Applicable

State, Apt. #, etc.

City, State & Zip

3. Date Formed or Registered to Do Business in  
FLORIDA

06/20/1995

3a. Date of 1st Report

N/A

4. State or Country of Formation

FL

5a. Capital Contributions as Shown  
on Record

\$7,500.00

5b. Amount of Capital Contributions in  
FLORIDA to date

7,500.00

6. FEE Number

65-0588330

Applied For

Not Applicable

7. CERTIFICATE OF STATUS REQUIRED

\$0.75 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 \$101.25 (\$52.50 + \$138.75) AND NO MORE THAN \$576.25 (\$437.50 + \$138.75)  
Note: If the amount entered in 5b is greater than a 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

VALDES-FAULI CORPORATE SERVICES, INC.  
777 SOUTH FLAGLER DR.  
SUITE 500 EAST  
WEST PALM BEACH FL 33401

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

State, Apt. #, etc.

City

Zip Code

FL

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

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

11. Name(s) of General Partner(s)

BENNETT FAMILY INVESTMENT CORP

11a. Address of Each General Partner  
(Do NOT Use Post Office Box Number)

5 ISLA BAHIA DR.

11b. City, State & Zip Code

FT. LAUDERDALE FL 33316

11c. Registration/  
Document Number

P95000033524

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 voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(b) 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 effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

Kelli Smith

DATE

12/26/95

Typed or Printed Name of General Partner Signing Form

FOR - Bennett Family Investment Corp

Telephone Number 419-865-0232

# A95000000923

Bennett Family Investment LP

Requestor's Name

1540 S Holland Sylvania Rd.

Address

Munroe, OH 43537

City/State/Zip

Phone #

Office Use Only

FILED  
97 FEB 14 PM 3:55  
TALLAHASSEE, FLORIDA

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

1. Bennett Family Investment Limited Partnership  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_ CM  
(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

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\*\*\*1750.00 \*\*\*1750.00



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

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

The undersigned general partners of

BENNETT Family Investment  
limited Partnership

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: \$ 2,000,000.

This 31<sup>st</sup> day of December, 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)

BENNETT FAMILY INVESTMENT CORP  
By: P. F. Moulton, Treasurer

**FEES:**

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