A95000009973

TRANSMITTAL LETTER

Department of State
Division of Corporations: Partnership Section
PO Box 6327
Tallahassee, FL 32314

FILED
95 JUN 23 PM 2:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: The Arleigh Halterman Family Limited Partnership
(Proposed limited partnership name)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for $96.25 .

FROM: Robert N. Bedford
Name *(Printed or typed)*

PO Box 595
Address

Auburndale, FL 33823
City, State & Zip

941-965-2875
Telephone

900001522619
-06/26/95--01020--002
*****96.25 *****96.25

9/28/95 aw

Cus

NOTE: Please provide the original and one copy of the articles.

CERTIFICATE OF LIMITED PARTNERSHIP
OF

A95000009713

1. The Arleigh Halterman Family Limited Partnership
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")

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TALLAHASSEE, FLORIDA

2. 38806 Tall Drive Zephyrhills FL 33540
(Business address of Limited Partnership)

3. Diane Halterman
(Name of Registered Agent for Service of Process)

4. 38806 Tall Drive Zephyrhills FL 33540
(Florida street address for Registered Agent)

5. _____
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)

6. 38806 Tall Drive Zephyrhills FL 33540
(Mailing Address of the Limited Partnership)

7. The latest date upon which the Limited Partnership is to be dissolved is 6/14/2020.

8. Name of general partner(s): Specific address:

Diane Halterman	38806 Tall Drive, Zephyrhills, FL 33540

Signed this 16th *day of* June, *19* 95.

Signature of all general partners:

Diane Halterman
General Partner

General Partner

General Partner

General Partner

General Partner

General Partner

Pursuant to the provisions of Section 608 of the Florida Statutes, the undersigned limited partnership organized under the laws of the state of Florida, submits the following statement in designating the registered office / registered agent, in the state of Florida.

1. **The name of the limited partnership is:** The Arleigh Halterman Family Limited Partnership

2. **The name and address of the registered agent and office is:**

Diane Halterman
(Name)

38806 Tall Dr.
(P.O. Box NOT Acceptable)

Zephyrhills, FL 33540
(City/State/Zip)

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TALLAHASSEE, FLORIDA

Having been named as registered agent and to accept service of process for the above stated limited partnership at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

SIGNATURE: Diane Halterman

DATE: 6-14-95

REGISTERED AGENT FILING FEE: $35.00

Division of Corporations, PO Box 6327, Tallahassee, FL 32314

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned constituting all of the general partners of

The Arleigh Halterman Family Limited Partnership *a Florida Limited Partnership, certify:*

The amount of capital contributions to date of the limited partners is $ 4,750 .

The total amount contributed and anticipated to be contributed by the limited partners at this time totals $ 4,750 .

FURTHER AFFIANT SAYETH NOT.

Under the penalties of perjury I (we) declare that I (we) have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Diane Halterman
General Partner

General Partner

General Partner

General Partner

General Partner

General Partner

This 6th day of June, 19 95 .

FILE ON OR BEFORE APRIL 5, 1996 TO AVOID REVOCATION AND $500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 MAR 26 AM 8:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1a. DOCUMENT #
A95000000973

1.

THE ARLEIGH HALTERMAN FAMILY LIMITED PARTNERSHIP

Mailing Address
38806 TALL DR
ZEPHYRHILLS FL 33540

Principal Place of Business
38806 TALL DR.
ZEPHYRHILLS FL 33540

2. New Mailing Address if Applicable

Suite, Apt. #, etc.

City, State & Zip

200001760222
-03/28/96--01009--011
****191.25 ****191.25

2a. New Principal Office Address if Applicable

Suite, Apt. #, etc.

City, State & Zip

3. FLORIDA	3a.	4.
06/23/1995	N/A	FL

5a.	5b.	6. FEI Number		7. CERTIFICATE OF STATUS REQUIRED
$4,750.00		59-3353447	Applied For / Not Applicable	[ ]

8. FEES: 1) Filing Fee: Computed at a rate of $7 per $1,000 on amount entered in 5a 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.)

MAKE CHECK PAYABLE TO FLORIDA DEPARTMENT OF STATE

9. Name and Address of Current Registered Agent

HALTERMAN, DIANE
38806 TALL DR.
ZEPHYRHILLS FL 33540

10. If changed, new Registered Agent/Office

Name

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

Suite, Apt. #, etc.

City FL Zip Code

10a. Pursuant to the provisions of ... 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 ... Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) DATE

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

11. Name(s) of General Partner(s)	11a. Address of Each General Partner	11b. City, State & Zip Code	11c. Registration Document Number
HALTERMAN, DIANE	38806 TALL DR.	ZEPHYRHILLS FL 33540	

AR $52.50
ST $138.75
3/[illegible]

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

12. [illegible]

SIGNATURE: Diane Halterman DATE: 3-20-96

Typed or Printed Name: Diane Halterman Daytime Phone: 813-783-2852

CR2E033 (11/95)

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