

A9500001051



PRENTICE HALL  
LEGAL & FINANCIAL SERVICES

ACCOUNT NO. : 072100000032

REFERENCE : 641045 0001A

AUTHORIZATION :

COST LIMIT : \$ 100.00 *\$140.00*

*Patricia Pizzuto*

FILED  
95 JUL 13 PM 1:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ORDER DATE : July 13, 1995

ORDER TIME : 10:37 AM

500001536815

ORDER NO. : 641045

CUSTOMER NO: 0001A

CUSTOMER: Ms. Lorraine McLaughlin  
COBB COLE & BELL

P. O. Box 2491

Daytona Beach, FL 32115-2491

RECORDED  
95 JUL 13 11:17  
DIVISION OF CORPORATIONS

DOMESTIC FILING

NAME: MCCOLLERS PROPERTIES, LTD.

ARTICLES OF INCORPORATION  
 CERTIFICATE OF LIMITED PARTNERSHIP

*7/13/95aw*

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY  
 PLAIN STAMPED COPY  
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jennifer Moran

EXAMINER'S INITIALS: \_\_\_\_\_

**CERTIFICATE OF LIMITED PARTNERSHIP**

**McCULLERS PROPERTIES, LTD.**  
a Florida Limited Partnership

A95000001051

The undersigned General Partners, desiring to form a limited partnership pursuant to the Florida Revised Uniform Limited Partnership Act (1986), hereby states:

1. The name of the Limited Partnership is: McCullers Properties, Ltd.
2. The address of the office of the Limited Partnership and the name and address of the agent for service of process (whose consent to appointment is set forth below) are as follows:

Address of the office of the Limited Partnership:

6 Creek View Way  
Ormond Beach, FL 32174

Agent for service of process:

Palmetto Charter Services, Inc.  
150 Magnolia Avenue  
Daytona Beach, Florida 32114

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TALLAHASSEE, FLORIDA

3. The name and business address of every General Partner is as follows:

John W. McCullers  
6 Creek View Way  
Ormond Beach, FL 32174

Norma J. McCullers  
6 Creek View Way  
Ormond Beach, FL 32174

4. The Limited Partnership's mailing address is:

6 Creek View Way  
Ormond Beach, FL 32174

5. The latest date upon which the limited partnership is to dissolve is December 31, 2025.

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

IN WITNESS WHEREOF, this Certificate of Limited Partnership has been executed by the General Partners of McCullers Properties, Ltd. this 12th day of July, 1995.

General Partners

John W. McCullers  
John W. McCullers

Norma J. McCullers  
Norma J. McCullers

STATE OF FLORIDA  
COUNTY OF VOLUSIA

The foregoing Certificate of Limited Partnership was acknowledged before me this 12th day of July, 1995, by JOHN W. McCULLERS and NORMA J. McCULLERS. They are personally known to me or have produced \_\_\_\_\_ as identification.

NOTARY PUBLIC:

Sign:  
Print:

Larry D. Marsh  
State of Florida At Large  
(Seal)  
My Commission Expires:  
Title/Rank:  
Serial Number:

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JUL 13 PM 1:52  
TALLAHASSEE, FLORIDA



LARRY D. MARSH  
MY COMMISSION # CC451014 EXPIRES  
April 5, 1996  
BONDED THRU TROY FARM INSURANCE, INC.

**ACCEPTANCE OF DESIGNATION  
AS AGENT FOR SERVICE OF PROCESS**

The undersigned, Palmetto Charter Services, Inc., a Florida corporation, hereby accepts the designation by the above named Limited Partnership as its Agent for Service of Process in accordance with Florida Statutes §620.105 as of the 12th day of July, 1995.

PALMETTO CHARTER SERVICES, INC.  
a Florida corporation

By: Larry D. Marsh  
Larry D. Marsh, Vice President

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

McCULLERS PROPERTIES, LTD.  
a Florida Limited Partnership

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TALLAHASSEE, FLORIDA

STATE OF FLORIDA  
COUNTY OF VOLUSIA

BEFORE ME, the undersigned authority, personally appeared JOHN W. McCULLERS and NORMA J. McCULLERS, the general partners of McCullers Properties, Ltd. (the "Partnership"), who upon being duly sworn, certified as follows:

1. The Partnership has not received any contributions from limited partners to date.
2. At this time, it is anticipated that the limited partners will contribute, in the aggregate, contributions totalling \$1,000.00.

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.

General Partners

John W. McCullers  
John W. McCullers

Norma J. McCullers  
Norma J. McCullers

The foregoing Affidavit of Capital Contributions was acknowledged before me this 12th day of July, 1995, by JOHN W. McCULLERS and NORMA J. McCULLERS. They are personally known to me ~~or have produced~~ identification.

NOTARY PUBLIC:

Sign: [Signature]  
Print: Erroy D. Marsh  
State of Florida At Large  
(Seal)

My Commission Expires:

Title/Rank: \_\_\_\_\_

Serial Number: \_\_\_\_\_

# A95000001051

OFFICE USE ONLY (Document #)

John McCullers  
(Requestor's Name)

6 Creek View Way  
(Address)

Ormond Beach, Fl. 32174  
(City, State, Zip) (Phone #)

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 96 JUN 11 AM 9:00

OFFICE USE ONLY

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

- McCullers Properties, Ltd.  
(Corporation Name) (Document #)
- \_\_\_\_\_  
(Corporation Name) (Document #)
- \_\_\_\_\_  
(Corporation Name) (Document #)
- \_\_\_\_\_  
(Corporation Name) (Document #)

- Walk in     Pick up time \_\_\_\_\_     Certified Copy -06/14/96--01033--017  
\*\*\*1750.00 \*\*\*1750.00
- 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"/>	Disolution/Withdrawal
<input type="checkbox"/>	Merger

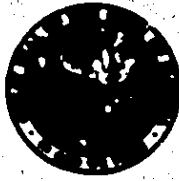
OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

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

A95-1051

Name Available	CR6-11
Document Examiner	[Signature]
Updater	[Signature]
Updater/Verifier	[Signature]
Acknowledgement	[Signature]
W. P. Verity	[Signature]

Examiner's Initials



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 McAllen Properties, Ltd

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: \$ 485,283.

This 20<sup>th</sup> 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)

John M. Culley  
 \_\_\_\_\_  
 \_\_\_\_\_

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 96 JUN 11 AM 9:00

**FEES:**

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

INHSE20(3/95)

# A9500001051

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 JUN 11 AM 9:00

DOCUMENT # A9500001051

1. Name of Limited Partnership  
McCullers Properties, Ltd.

DO NOT WRITE IN THIS SPACE

2. Mailing Address  
6 Creek View Way

3. Principal Office Address  
6 Creek View Way

4. Date Formed or Registered  
To Do Business in Florida July 13, 1995

State, Apt # etc.  
City & State  
Ormond Beach, FL

State, Apt # etc.  
City & State  
Ormond Beach, FL

5. FEI Number  
59-3327418

Zip Country  
32174 Volusia

Zip Country  
32174 Volusia

6. CERTIFICATE OF STATUS DESIRED

7. State or Country of Formation Florida

8a. Capital Contributions as Shown  
on Record 485,283

FEES: 1.) Filing Fee(s) Computed at a rate of \$7 per \$1,000 on amount entered in 8b, 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 (month) from a delinquency.  
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 Capital Contributions in  
FLORIDA to date 485,283

9. Name and Address of Current Registered Agent

10. If changed, new registered agent/office

Palmetto Charter Services, Inc.  
150 Magnolia Avenue  
Daytona Beach, FL 32114

Name  
Street Address (P.O. Box Number is Not 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

**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)  
John W. McCullers  
Norma J. McCullers

Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)  
6 Creek View Way  
5 Creek View Way

City, State and Zip Code  
Ormond Beach, FL  
Ormond Beach, FL

11a. Registration Document Number  
N/A  
N/A

32174  
100001865251  
-06/18/95--01090--031  
\*\*\*1085.00 \*\*\*1085.00

**REINSTATEMENT** 96  
CWS OR 6-11

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)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(2)(a), 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 John W. McCullers, Gen Partner

DATE April 23, 1996

Typed or Printed Name of General Partner Signing Form JOHN McCULLERS

Telephone Number 904.672.4643

CH2E039 (4/95)