

# A95000001071

NABON GIBLIN NICKERSON, PA  
(Requestor's Name)

315 S. CALHOUN ST. #800  
(Address)

TALLAHASSEE, FL 32301  
(City, State, Zip) (Phone #)

904-224-4070

OFFICE USE ONLY

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SECRETARY OF CORPORATIONS  
95 JUL 14 PM 3:35

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

1. HLB, LIMITED PARTNERSHIP 000001540320  
(Corporation Name) (Document #) -07/18/95--01091--003  
\*\*\*\*140.00 \*\*\*\*140.00
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(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

R4500003004  
hs sn

G. TAX	_____
FILING	52.50
R. AGENT FEE	35.00
C. COPY	52.50
TOTAL	140.00
N. BANK	_____
BALANCE DUE	_____
FEELING	_____

7/14/95

Examiner's Initials

**CERTIFICATE OF LIMITED PARTNERSHIP  
of  
HLB, LIMITED PARTNERSHIP**

This Limited Partnership Agreement made this 10<sup>th</sup> day of July, 1995, between Laurie Ann Cairns ("General Partner") and M.R. Cairns ("Limited Partner"):

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DIVISION OF CORPORATIONS  
95 JUL 14 3:36

**WITNESSETH:**

**Formation of Partnership**

The parties agree to enter into this partnership to be formed under Section 620, Florida Statutes, which shall govern the rights and liabilities of the parties except as expressed below.

**Name, Principal Office, and Mailing Address**

The business of the partnership shall be conducted under the name of HLB, LIMITED PARTNERSHIP. The principal office and the address of the General Partner is 4942 Glen Castle Drive, Tallahassee, Florida 32308. The mailing address is 4942 Glen Castle Drive, Tallahassee, Florida 32308.

**Nature of Business**

Marketing of laminated and mounted products, including but not limited to, photographs, diplomas, and advertisements.

**Name, Address and Contribution of General Partner**

The name and address of the General Partner is:

Laurie Ann Cairns  
4942 Glen Castle Drive  
Tallahassee, Florida 32308

**Name, Address and Capital Contribution of Limited Partner**

The name and address of the Limited Partner is M.R. Cairns, 4942 Glen Castle Drive, Tallahassee, Florida 32308 and the amount of capital contributions to date of the Limited Partner is \$10.00. The total amount contributed and anticipated to be contributed by the Limited Partner at this time totals \$10.00.

The liability of the Limited Partner for any debts or obligations of or to the Partnership at any time shall be limited to the amount then contributed by him to the capital of the Partnership and his share in the undistributed net profits.

**Term**

The term this Limited Partnership is to exist is ten (10) years from the date of execution, unless sooner terminated under provisions of this Agreement. There shall be an automatic ten (10) year renewal after the expiration of the first ten years unless other agreement is made by the partners in writing.

IN WITNESS WHEREOF, we, and each of us, have signed this Certificate on this 10<sup>th</sup> day of July, 1995.

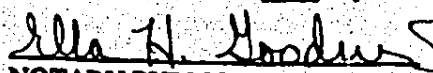
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SECRETARY OF CORPORATIONS  
JUL 11 1995  
TAMPA, FL

  
LAURIE ANN CAIRNS, General Partner

State of Florida       )  
                                  )ss.  
County of Leon        )

BEFORE ME, the undersigned authority, personally appeared LAURIE ANN CAIRNS, known to me to be the person named as General Partner and who executed the foregoing Certificate of Limited Partnership and who acknowledged before me that she executed the same for the purposes therein set forth, and who is personally known to me or produced \_\_\_\_\_ as identification.

IN WITNESS WHEREOF, I have set my hand and seal this 11<sup>th</sup> day of July, 1995.

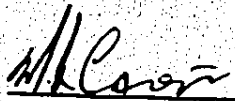


NOTARY PUBLIC

My Commission Expires:



ELLA H. GOODWIN  
MY COMMISSION # DC306894 EXPIRES  
AUGUST 1, 1998  
BONDED THRU TROY FARM INSURANCE, INC.

  
M.R. CAIRNS, Limited Partner

State of Florida )  
 )ss.  
County of Leon )

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DIVISION OF CORPORATIONS  
95 JUL 14 PM 3:26

BEFORE ME, the undersigned authority, personally appeared M.R. CAIRNS, known to me to be the person named as Limited Partner and who executed the foregoing Certificate of Limited Partnership and who acknowledged before me that he executed the same for the purposes therein set forth, and who is personally known to me or produced as identification.

IN WITNESS WHEREOF, I have set my hand and seal this 10<sup>th</sup> day of July, 1995.

*Patricia Ann Berlin*

NOTARY PUBLIC

My Commission Expires:



PATRICIA ANN BERLIN  
MY COMMISSION # CC 213672 EXPIRES  
July 9, 1998  
BONDED THRU TROY PAW INSURANCE, INC.

**CERTIFICATE DESIGNATING REGISTERED AGENT AND  
PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE  
OF PROCESS WITHIN FLORIDA, AND ACCEPTANCE  
OF AGENT UPON WHOM PROCESS MAY BE SERVED**

In compliance with Sections 48.091 and 620.105, Florida Statutes, the following is submitted:

FIRST, That HLB, LIMITED PARTNERSHIP desiring to organize or qualify as a limited partnership under the laws of the State of Florida, with its principal place of business at 4942 Glen Castle Drive, Tallahassee, Florida 32308 has named Sten T. Sliger, Esq., Nabors, Giblin & Nickerson, P.A., 315 South Calhoun Street, Suite 800, Tallahassee, Florida 32308, as its agent to accept service of process within Florida.

This 10<sup>th</sup> day of July, 1995.

  
LAURIE ANN CAIRNS, General Partner

Having been named to accept service of process for the above named Limited Partnership, at the place designated in this Certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper performance of my duties.

  
STEN T. SLIGER, Registered Agent

ms/hlb-hd.agr

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DIVISION OF CORPORATIONS  
95 JUL 14 PM 3:06

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

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DIVISION OF CORPORATIONS  
95 JUL 14 PM 3:36

This undersigned constituting the sole general partner of HLB, LIMITED PARTNERSHIP, a Florida Limited Partnership, certifies:

The amount of capital contributions to date of the limited partners is \$10.00.

The total amount contributed and anticipated to be contributed by the limited partners at this time totals \$10.00.

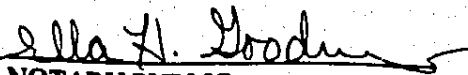
Signed this 11<sup>th</sup> day of July, 1995.

**FURTHER AFFIANT SAYETH NOT.**

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

  
LAURIE ANN CAIRNS, General Partner

Sworn to and subscribed before me, who is personally known to me,  
this 11<sup>th</sup> day of July, 1995.

  
NOTARY PUBLIC

My commission expires:



ELLA H. GOODWIN  
MY COMMISSION # CC398894 EXPIRES  
August 1, 1998  
BONDED THRU TROY FARM INSURANCE, INC.

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

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1996

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

96 JAN -9 PM 2:43

1. Name of Limited Partnership  
HLB, LIMITED PARTNERSHIP

1a. DOCUMENT #  
A95000001071

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

Suite, Apt. #, etc.

City, State & Zip

Mailing Address  
4942 Glen Castle Drive  
Tallahassee, Florida 32308

Principal Office Address

Same

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

3. Date Formed or Registered to Do Business in  
FLORIDA  
7/14/95

3a. Date of Last Report  
N/A

4. State or Country of Formation  
Florida

5a. Capital Contributions as Shown  
on Record  
\$10.00

5b. Amount of Capital Contributions in  
FLORIDA to date  
\$10.00

6. FEI Number  
EIN S9-3327799

Applied For  
Not Applicable  
7. CERTIFICATE OF STATUS REQUIRED

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

Sten T. Sliger, Esq.  
Nabors, Giblin & Nickerson, P.A.  
315 South Calhoun Street, Suite 800  
Tallahassee, Florida 32301

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 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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
Laurie Ann Cairns	4942 Glen Castle Drive	Tallahassee, Florida 32308	000001687530 -01/11/96--01106--013 *****191.25 *****191.25  000001687530 -01/11/96--01106--014 *****8.75 *****8.75

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(3)(k) 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

DATE January 9, 1996

Typed or Printed Name of General Partner Signing Form Laurie Ann Cairns

Telephone Number (904) 893-0566

CR2E003 (6/95)

*Nabor's*  
**A95000001071**  
 Requester's Name  
 311 Colburn St Ste 800  
 Tall / FL / 32303 224-4070  
 City/State/Zip Phone #

500002055499--5  
 -01/13/97--01033--020  
 \*\*\*\*\*52.50 \*\*\*\*\*52.50  
 Office Use Only

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

1. \_\_\_\_\_ (Corporation Name) (Document #)
2. \_\_\_\_\_ (Corporation Name) (Document #)
3. \_\_\_\_\_ (Corporation Name) (Document #)
4. \_\_\_\_\_ (Corporation Name) (Document #)

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 DIVISION OF CORPORATIONS  
 97 JAN -8 PM 4:09

- ☐ Walk in    ☐ Pick up time \_\_\_\_\_    ☐ Certified Copy  
☐ Mail out    ☐ Will wait    ☐ Photocopy    ☐ Certificate of Status

NEW FILINGS	
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<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
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<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

TAX \_\_\_\_\_  
 FILING \_\_\_\_\_  
 R. AGENT FEE \_\_\_\_\_  
 C. COPY \_\_\_\_\_  
 TOTAL \_\_\_\_\_  
 N. WORK \_\_\_\_\_  
 BALANCE DUE \_\_\_\_\_  
 FUND \_\_\_\_\_

RECEIVED  
 JAN -8 PM 2:16  
 DIVISION OF CORPORATIONS

*3/5*  
*1/8/97*

Examiner's Initials \_\_\_\_\_



**CERTIFICATE OF AMENDMENT  
TO  
CERTIFICATE OF LIMITED PARTNERSHIP  
OF  
HLB, LIMITED PARTNERSHIP**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
97 JAN -9 PM 4:09

Pursuant to the provisions of section 620.109, Florida Statutes, this Florida limited partnership, whose certificate was filed with the Florida Department of State on July 14, 1995, adopts the following certificate of amendment to its certificate of limited partnership:

**FIRST: Amendments:** The following articles shall replace the previous articles:

**Name, Principal Office, and Mailing Address**

The business of the partnership shall be conducted under the name of HLB, LIMITED PARTNERSHIP. The principal office and the address of the General Partner is 13825 Osprey Links Road, #254, Orlando, Florida 32837. The mailing address is 13825 Osprey Links Road, #254, Orlando, Florida 32837.

**Name, Address and Contribution of General Partner**

The name and address of the General Partner is:

Laurie Ann Cairns  
13825 Osprey Links Road  
#254  
Orlando, Florida 32837

The General Partner owns at least 51% of the Partnership.

**SECOND:** This certificate of amendment shall be effective at the time of its filing with the Florida Department of State.

**THIRD:** Signature(s)  
Signature of current general partner:

  
LAURIE ANN CAIRNS