MERRITT & TENNEY

ATTORNEYS AT LAW

SUITE 500

200 GALLERIA PARKWAY, N.W. ATLANTA, GEORGIA 30330-3181

> TELEPHONE (404) 952-8850 FACSIMILE (404) 952-0028

A9500012141

Florida Department of State Division of Corporations P. O. Box 6327 Tallahassee, Florida 32314

In re:

Green Way Dairy I. Ltd.

Dear Sir\Madam:

Enclosed for filing please find the original and one conformed copy of the Certificate of Limited Partnership of Green Way Dairy I, Ltd. and our firm's check in the amount of \$87.50 which represents the filing fee for same.

Please process the enclosed document and if everything is in order, please record the Certificate of Limited Partnership and return the copy to me with the filing information affixed thereto.

If you have any questions regarding this matter, please do not hesitate to contact us.

Verv truly yours. Elaine Ramey Legal Assistant /er Enclosures 500001563535 Availah Pily -08/17/95--01059--001 \*\*\*\*\*87.50 \*\*\*\*\*87.50 Park W. Exa ... er U.s. ster FILING\_ Uictis C. COPY\_ Verifyer R. AGENT. TOTAL\_ BALANCE EFUND S

X

## CERTIFICATE OF LIMITED PARTNERSHIP OF

l.		tecrohip; count contain a cuffix such as "Limited" id.", or "Limited Partnership")	,
2.	Route 3, Box 123, Mayo, Florida 3206	6	<b></b>
	(Buies	ns address of Limited Partnership)	
3.	Desiree D. Wehner		T prema
	(Name of Ro	egistered Agent for Service of Process)	2
4.	Route 3, Box 123, Mayo, Florida 3206	6	<u> </u>
<b>5.</b>	Desiree D. Wehner	treet address for Registered Agent)	<del></del>
6.	1708 Don Caster Drive, Thomasville, G	icorgia 31792	· · · · · · · · · · · · · · · · · · ·
7.	(Mailing /	Address of the Limited Partaembip)    Partmership is to be dissolved is	svember 21 - 2015
8.	Name of general partner(s):	Specific address:	31, 2013.
Gre	ca Way Dairy, L.C.	Route 2, Box 245	<u> </u>
·		Quitman, Georgia 31643	
	ned this day of fugust	, 1995.	
	Ву:	Desirce D. Wehner, Member	A 124

### AFFIDAVIT OF CAPITAL CONTRIBUTIONS

The undersigned constituting all of the general partners of

GREEN WAY DAIRY I, LTD., a Florida Limited Partnership, certify:

The amount of capital contributions to date of the limited partnership is \$1,000.00.

The total amount contributed and anticipated to be contributed by the limited partners at this time totals \$1,000.00.

#### FURTHER AFFIANT SAYETH NOT.

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

the jacti maios neven are this and correct.	GREEN WAY DAIRY, L.C., General Partner	भ		
By:	Desirce D. Wehner, Member	/ 	95	
This 10th day of August	,		AUG 17	KIZKES.
STATE OF <u>Georgial</u> COUNTY OF <u>TSILOOKS</u>			PH 2: 16	
BEFORE ME, the undersigned cand to take acknowledgements, in and for the Sta	officer, a Notary Public authorized to administ ate and County set forth above, personally ann	er oath eared	j <b>s</b>	

BEFORE ME, the undersigned officer, a Notary Public authorized to administer onths and to take acknowledgements, in and for the State and County set forth above, personally appeared Desiree D. Wehner, a Member of the General Partner of the Partnership, known to me and known by me to be the person who executed the foregoing Affidavit of Capital Contributions, and she acknowledged to me and before me that they executed this Affidavit as a Member of the 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 10<sup>+0</sup>day of 1995.

"NOTARY SEAL"

My commission expires:
Notary Public, Breats County, Georgia
My Commission Expires July 10, 1999

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

PLORIDA DEPARTMENT OF STATE LIMITED PARTNERSHIP Sandra Mortham ANNUAL FIEPORT Secretary of State DIVISION OF CORPORATIONS 1996 DOCUMENT # 1. Name of Limited Partnership A95000001241 96-02 DO NOT WRITE IN THIS SPACE. GREEN WAY DAIRY I, LTD. 2. Now Mailing Address, It Applicable CM Principal Office Address City, State & Zip Thomasyl Mailing Address RT. 3. BOX 123 1708 DON CASTER DR. 28. New Principal Office Address. If Applicable MAYO FL SEEM THOMASVILLE GA 31788 700001686467 -01/11/36--01031--023 Suda Apt #. elC If above addresses are incorrect in any way, the through the Incorrect information and enter correct address in Block 2 and/or 2a \*\*\*\*191.25 \*\*\*\*191.25 City, State & Zip 3a. Date of Last Report Date Formed or Registered to Do Business in FLORIDA 7. CERTIFICATE OF STATUS REQUIRED 09/17/1995 Applied For 6. FEI Number 5b. Amount of Capital Contributions in FLORIDA to date 50. Capital Contributions as Shown on Record: Not Applicable 8. FEES: 1.) Filing Fee: Computed at a rate of \$7 per \$1,000 on amount entered in 5b or 5e if 5b blank, with a minimum httpg fee of \$52.50 and a maximum of \$437.50

THE AMOUNT DUE SHYLL BE NO LESS THAN \$191.25 (\$52.50 < \$139.75) AND NO MORE THAN \$576.25 (\$437.50 < \$138.75) and a separate and appropriate living fee.

If the amount entered in 5b is greater than amount entered in 5c., a supplemental stricted must be submitted along with a separate and appropriate living fee.

MAKE CHECK PAYABLE TO FLORIDA DEPT. OF STATE. 10. It changed, new Registered Agent/Office 9. Name and Address of Current Registered Agent Street Address (P.O. Box Number Is Not Acceptable) WEINER, DESIFEE D RT. 3, BOX 123 Suite, Apt #, etc. Zip Code MAYO FL 32006 106. 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 Pursuant to the provisions of sections 520,1051 and 020,192, Florido Statutes, the above-hamod limited partnership organized or registered under the takes or the State of Florido, submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florido, Such phange was authorized by its general partner(s). I hereby accept the appointment of registered office or registered office or registered agent, or both, in the State of Florido, Such phange was authorized by its general partner(s). I hereby accept the appointment of registered office or registered office or registered agent, or both, in the State of Florido. Such phange was authorized by its general partner(s). egent I am familiar with, and accept the obligations of section 620, 192, Floride Statutes. A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY SIGNATURE (Registered Agent Accepting Appointment) Document Number City, State & Z :: Code Address of Each General Partner 11b. 118. (Do NOT Use Post Office Box Numbers) Name(s) of General Partner(s) L050000000353 **CUITMAN GA 31643** RT. 2, BOX 245 GREEN WAY DARY, L.C.

Note: General partners MAY NOT I	ì		nertner
		to chan	DE T CELLEI HE PER FINE.
		endment must be lifed to chair	
	an abanded on this form; an and	C110111011	the Division of
Second pertners MAY NUT	De Chanded on	taled in Section 119.07(3kk), Florida Sta	Inter Treeses I
Hotal Geller Derrice	If toly will use and close and could'y for the	be exemption clared in Sociol	ertily that the information males.

12. I do hereby certify that the information supplied with this filling is voluntarity furnished and does not qualify for the examplion Jated in Section 119.07(3)(k), Florida Statutes. I release the Division of I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption utated 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 figuriture shall have the same legal uffocts 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 hardy figurities. Florida Statutes

member Spentla they, LC SIGNATURE A LINE

Typod or Printed Name of General Partner Signing Form

# -A95000001241

Allan J. or Desiree D. Wehrer
Requestor's Name
19635 U.S. Hwy. 19 N.
Address
Thomasville, GA 31792
City/State/Zip Phone #

SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 MAR 20 PH 3: 13

City/State/Zip Phone # :nfice Use Only

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

1. Green Way T, Utd. / A95000001241
(Corporation Name) (Document #)

2. (Corporation Name) (Document #)

3. (Corporation Name) (Document #)

4. (Corporation Name) (Document #)

Walk in Pick up time Certified Copy

Photocopy

NEW FILINGS	AMENDMENTS
Profit	Amendment
NonProfit	Resignation of R.A., Officer/ Director
Limited Liability	Change of Registered Agent
Domestication	Dissolution/Withdrawal
Other	Merger

Will wait

000002118980--8 -03/20/97--01064--001 \*\*\*\*\*52.50 \*\*\*\*\*52.50

類	OTHER FILINGS
	Annual Report
	Fictitious Name
	Name Reservation

Mail out

藝	REGISTRATION/-> QUALIFICATION
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

Examiner's Initials

Certificate of Status

202

# CERTIFICATE OF CANCELLATION FOR

SECRETARY OF STATE DIVISION OF CURPORATIONS

97 MAR 20 PM 3: 13

Green illness against July on the with Florida Dept. of State)

Pursuant to the provisions of section 620.113, Florida Statutes, this Florida limited partnership, whose certificate was filed with the Florida Department of State on 8-17-95, hereby submits this certificate of cancellation.

FIRST: Reason for cancellation: (State why partnership is submitting cancellation)

Closing Justiness Ceasing operations

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

HIRD: Signatures of all general partners:

Leen Way Nairy Carp. General partner

by Deswie D. Wehner, pres.