

A95000001364

PETERSON, MYERS, CRAIG, CREWS, BRANDON & PUTERbaugh P.A.

ATTORNEYS AT LAW

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P.O. BOX 1079
130 EAST CENTRAL AVENUE
LAKE WALES, FLORIDA 33859-1079
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(813) 883-8948
FAX 878-0843

P.O. BOX 24828
OLD CITY HALL BUILDING
100 EAST MAIN STREET
LAKELAND, FLORIDA 33802-4828
(813) 683-8811
(813) 678-8834
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P.O. DRAWER 7808
LAKE REGION PLAZA
SUITE 300
141 8TH STREET, NW
WINTER HAVEN, FLORIDA 33893-7808
(813) 894-3380
FAX 898-8488

PLEASE REPLY TO

Lake Wales
September 12, 1995

Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

700001583937
-09/13/95--01056--001
***1837.50 ***1837.50

Re: Herndon Limited Partnership

Gentlemen:

Enclosed for filing is the original and one copy of the Certificate of Limited Partnership for the above named partnership and the Affidavit of Capital Contributions to the Herndon Limited Partnership.

Also enclosed is this firm's check, in the amount of \$1,837.50 representing payment of the following fees: filing fee for the Certificate of Limited Partnership, in the maximum amount of \$1,750.00; certified copy fee - \$52.50; and registered agent fee - \$35.00.

Upon approval and filing of the enclosed documents, please furnish a certified copy of the Certificate of Limited Partnership and Affidavit of Capital Contributions to the attention of:

Keith H. Wadsworth
Peterson, Myers, et al
P.O. Box 1079
Lake Wales, FL 33859-1079

If anything further is required, please call me.
for your assistance in this matter.

Sincerely,

Keith H. Wadsworth

/ap
enclosures

FILED
 1995 SEP 13 AM 8:11
 CLERK OF COURT
 TALLAHASSEE, FLORIDA

CC 9/14/95
W

A95000001364

**CERTIFICATE OF LIMITED
PARTNERSHIP OF THE HERNDON
LIMITED PARTNERSHIP**

FILED
1995 SEP 13 AM 8:11
SECRET
TALLAHASSEE, FLORIDA

The undersigned, for the purpose of forming a limited partnership under the provisions of the Florida Revised Uniform Limited Partnership Act (1986), as set forth in Section 620.101, et seq. of the Florida Statutes, do hereby certify to the following:

1. The name of the limited partnership is "HERNDON LIMITED PARTNERSHIP".

2. The address of the office of the limited partnership required to be maintained by Section 620.105(1), Florida Statutes, is as follows:

5937 Highway 60 East
Lake Wales, FL 33853

3. The name and street address of the registered agent, for service of process on the limited partnership, required to be maintained by Section 620.105(2), Florida Statutes, are as follows:

Lawrence C. Updike
5937 Highway 60 East
Lake Wales, FL 33853

4. The name and business address of each general partner are as follows:

Horace F. Herndon
5937 Highway 60 East
Lake Wales, FL 33853

Virginia U. Herndon
5937 Highway 60 East
Lake Wales, FL 33853

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1995 SEP 13 AM 8:11
TALLAHASSEE, FLORIDA

5. The mailing address for the limited partnership is as follows:

5937 Highway 60 East
Lake Wales, FL 33853

6. The latest date upon which the limited partnership is to dissolve is December 31, 2075.

7. An affidavit declaring the amount of the capital contributions of the limited partners and the amount anticipated to be contributed by the limited partners, as required by Section 620.108, Florida Statutes, is attached to this certificate.

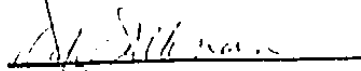
13th IN WITNESS WHEREOF, the undersigned have executed this certificate as of the day of September 1995.

Signed, sealed and delivered
in the presence of:

GENERAL PARTNERS:


Printed Name: SANDRA J. SORRELLS


HORACE F. HERNDON


Printed Name: NITA P. SULLIVAN
As to HORACE F. HERNDON


Printed Name: SANDRA J. SORRELLS


VIRGINIA U. HERNDON


Printed Name: NITA P. SULLIVAN
As to VIRGINIA U. HERNDON

ACCEPTANCE OF
REGISTERED AGENT FOR THE
HERNDON LIMITED PARTNERSHIP

Having been named as registered agent to accept service of process upon the above named partnership, at the address designated in the certificate of limited partnership, 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 state that I am a resident of the State of Florida and I am familiar with, and accept, the obligations of my position as registered agent.

Dated: September 12th, 1995

Lawrence C. Updike
LAWRENCE C. UPDIKE

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1995 SEP 13 AM 8:11
TALLAHASSEE, FLORIDA

AFFIDAVIT OF CAPITAL CONTRIBUTIONS
TO THE HERNDON LIMITED PARTNERSHIP

FILED
1995 SEP 13 AM 8:11
TALLAHASSEE, FLORIDA

The undersigned affiants, HORACE F. HERNDON and VIRGINIA U. HERNDON, as general partners of the HERNDON LIMITED PARTNERSHIP, whose address is 5937 Highway 60 East, Lake Wales, Florida 33853, after each being first duly sworn, says upon oath:

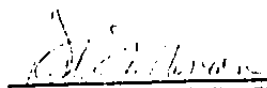
1. The affiants are all of the general partners of the HERNDON LIMITED PARTNERSHIP, a Florida limited partnership.

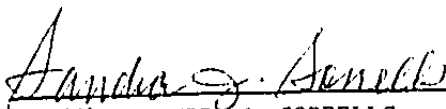
2. The total amount of the capital contributions of the limited partners and the amount of capital anticipated to be contributed by all of the limited partners of the partnership is \$3,960,000.00. The capital contributed to the partnership may be either cash or property, real or personal, tangible or intangible.

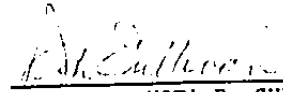
3. This affidavit is given for the purpose of complying with the provisions of Section 620.108 of the Florida Statutes.

FURTHER, AFFIANTS DO NOT SAY.


Printed Name: SANDRA J. SORRELLS


Printed Name: NITA P. SULLIVAN


Printed Name: SANDRA J. SORRELLS


Printed Name: NITA P. SULLIVAN


HORACE F. HERNDON, as general partner of the
HERNDON LIMITED PARTNERSHIP


VIRGINIA U. HERNDON, as general partner of the
HERNDON LIMITED PARTNERSHIP

STATE OF FLORIDA
COUNTY OF POLK

I HEREBY CERTIFY that on September 13th, 1995, before me, the undersigned Notary Public, authorized in the State and County named above to administer oaths, personally appeared HORACE F. HERNDON, as a general partner of the HERNDON LIMITED PARTNERSHIP, who, after being by me first duly sworn, says upon oath the above statements. Sworn to and subscribed before me on this day by HORACE F. HERNDON, as a general partner of the HERNDON LIMITED PARTNERSHIP, on behalf of the partnership. He is personally known to me or he has produced a drivers license as identification.

(SEAL)



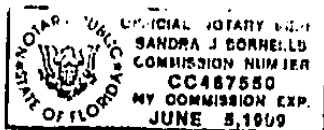
Sandra J. Sorrells
Printed Name: SANDRA J. SORRELLS
Notary Public
My Commission Expires: 6/05/99

FILED
1995 SEP 13 AM 8 11
POLK COUNTY FLORIDA

STATE OF FLORIDA
COUNTY OF POLK

I HEREBY CERTIFY that on September 13th, 1995, before me, the undersigned Notary Public, authorized in the State and County named above to administer oaths, personally appeared VIRGINIA U. HERNDON, as a general partner of the HERNDON LIMITED PARTNERSHIP, who, after being by me first duly sworn, says upon oath the above statements. Sworn to and subscribed before me on this day by VIRGINIA U. HERNDON, as a general partner of the HERNDON LIMITED PARTNERSHIP, on behalf of the partnership. He is personally known to me or he has produced a drivers license as identification.

(SEAL)



Sandra J. Sorrells
Printed Name: SANDRA J. SORRELLS
Notary Public
My Commission Expires: 6/05/99

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HORACE F. HERNDON
POST OFFICE BOX 231
LAKE WALES, FLORIDA 33859-0231
(813) 696-1487

1000001726731
-02/28/96--01069--001
*****52.50 *****52.50

City/State/Zip Phone #

Office Use Only

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

1. Herdon Limited Partnership
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

FILED
28 FEB 28 PM 11:43
SEAL
TALLAHASSEE, FLORIDA

- ☐ 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

\$52.50-F.F.
CM

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

CERTIFICATE OF CANCELLATION

FOR

A-15-1364

FILED
56 FEB 28 AM 11 43
TALLAHASSEE, FLORIDA

HERNDON LIMITED PARTNERSHIP

(insert name currently on file 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 SEPTEMBER 13, 1995, hereby submits this certificate of cancellation.

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

Partnership was never activated.

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

THIRD: Signatures of all general partners:

Horace F. Herndon
HORACE F. HERNDON

Virginia U. Herndon
VIRGINIA U. HERNDON