

**CORPORATE**

**A95000001390**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 SEP 18 PM 1:47

**CORPORATION INFORMATION SERVICES**

(Requestor's Name)

1201 Hays Street

(Address)

(904)

Tallahassee, FL 32301 222-9171

(City, State, Zip)

(Phone #)

OFFICE USE ONLY

CIS Acct. # Smith William

Prepaid

CIS Order # \_\_\_\_\_

AUTHORIZATION #072100000032

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

1. Santor Family Partnership, LTD  
(Corporation Name) (Document #)

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

000001585040  
-09/21/95--01010--005  
\*\*\*1785.00 \*\*\*1785.00  
000001585040  
-09/21/95--01010--006  
\*\*\*52.50 \*\*\*52.50

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RECEIVED

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

G. TAX  
FILING 2750.00  
R. AGENT FEE 35.00  
S. COPY 52.50  
TOTAL 51837.50  
V. BANK  
BALANCE DUE  
FEE

Examiner's Initials BJL

**CERTIFICATE OF LIMITED PARTNERSHIP OF  
SARTOR FAMILY PARTNERSHIP, LTD.**

WHEREAS, the undersigned, desires to form a limited partnership (to be known as "Sartor Family Partnership, Ltd.") pursuant to the provision of a Limited Partnership Agreement.

WHEREAS, the undersigned hereby makes, acknowledges and files with the Secretary of State of Florida the Certificate of Limited Partnership for the purpose of forming, pursuant to the aforesaid Limited Partnership Agreement, a limited partnership in accordance with the laws of the State of Florida.

NOW, THEREFORE, the undersigned hereby certifies as follows:

1. Name of Partnership: The name of the Partnership shall be Sartor Family Partnership, Ltd.

2. Office and Agent for Service of Process: The recordkeeping office for the Partnership shall be 1115 Mitchell Road, Brooksville, FL 34601. The agent for the service of process is J. Gregory Humphries and his address is 201 East Pine St., Suite 701, Orlando, Florida 32801. The Partnership may change its recordkeeping office or its registered agent, or both, by filing with the Department of State of the State of Florida an amendment complying with this chapter.

3. Name and Business Address of General Partners: The name and address of the General Partners is as follows:

John R. Sartor, Sr.  
1115 Mitchell Road  
Brooksville, FL 34601

Terry Lynn Sartor  
1115 Mitchell Road  
Brooksville, FL 34601

4. Mailing Address: The mailing address for the Partnership shall be 1115 Mitchell Road, Brooksville, FL 34601, attention John R. Sartor, Sr.

5. Term: This Limited Partnership shall commence on the date upon which this Certificate of Limited Partnership is duly filed with the Office of the Secretary of State of the State of Florida, and shall continue thereto in accordance with the terms provided in the Limited Partnership Agreement until December 31, 2025, unless earlier terminated in accordance with the Limited Partnership Agreement.

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DIVISION OF CORPORATIONS  
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IN WITNESS WHEREOF, the undersigned, being first duly sworn, has hereto affixed my signature and seal, thereby executing this Certificate of Limited Partnership for the uses and purposes herein stated.

GENERAL PARTNER:

Glenn Cardwell

John R. Sartor Sr.

John R. Sartor Sr.  
John R. Sartor, Sr.

GENERAL PARTNER:

Glenn Cardwell

John R. Sartor Sr.

Terry Lynn Sartor  
Terry Lynn Sartor

STATE OF FLORIDA  
COUNTY OF Hernando

The foregoing instrument was acknowledged before me this 14<sup>th</sup> day of September, 1995, by John R. Sartor, Sr., to me well known to be a General Partner of the Partnership and one of the persons described in and who signed the foregoing Certificate of Limited Partnership, who is personally known to me or who has produced Florida Drivers License as identification and who did (did not) take an oath.

Mary E. Marshall  
(Signature)  
Mary E. Marshall  
(Printed name)

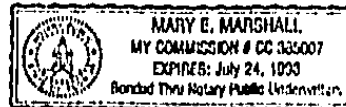
NOTARY PUBLIC - STATE OF FLORIDA  
SERIAL NO.:



STATE OF FLORIDA  
COUNTY OF Hernando

The foregoing instrument was acknowledged before me this 14<sup>th</sup> day of Sept., 1995, by Terry Lynn Sartor, to me well known to be a General Partner of the Partnership and one of the persons described in and who signed the foregoing Certificate of Limited Partnership, who is personally known to me or who has produced FL drivers license as identification and who did (did not) take an oath.

Mary E. Marshall  
(Signature)  
Mary E. Marshall  
(Printed name)  
NOTARY PUBLIC - STATE OF FLORIDA  
SERIAL NO.:



Having been named to accept Service of Process for the above-stated 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 and complete performance of my duties, and I accept the duties and obligations of Section 620.192, Florida Statutes.

Signature:

J. Gregory Humphries  
J. Gregory Humphries

Date:

9/14/95

**AFFIDAVIT**

STATE OF FLORIDA  
COUNTY OF ORANGE

The undersigned, being first duly sworn, deposes and says that:

1. He is a General Partner of Sartor Family Partnership, Ltd.
2. Capital contributions in the amount of \$1,000.00 have been made by Partners of said Partnership.
3. Capital contributions in the amount of \$599,000.00 are anticipated to be contributed by the Partners of said Partnership.

This Affidavit is made for the purpose of filing with the Certificate of Limited Partnership of Sartor Family Partnership, Ltd.

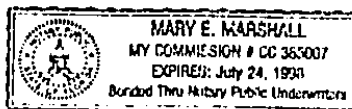
John R. Sartor, Sr.  
John R. Sartor, Sr.

STATE OF FLORIDA  
COUNTY OF Hernando

The foregoing instrument was acknowledged before me this 14<sup>th</sup> day of Sept., 1995, by John R. Sartor, Sr., to me well known to be one of the persons described in and who signed the foregoing Certificate of Limited Partnership, who is personally known to me or who has produced FL Drivers license as identification and who did (did not) take an oath.

Mary E. Marshall  
(Signature)  
Mary E. Marshall  
(Printed name)

NOTARY PUBLIC - STATE OF FLORIDA  
SERIAL NO.:



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

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1996



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

1. Name of Limited Partnership

1n. DOCUMENT #  
A95000001390

SARTOR FAMILY PARTNERSHIP, LTD.

2. New Mailing Address, if Applicable

ATTN: JOHN R. SARTOR, SR.  
1115 MITCHELL ROAD  
BROOKSVILLE FL 34601

2n. New Principal Office Address, if Applicable

ATTN: JOHN R. SARTOR, SR.  
1115 MITCHELL ROAD  
BROOKSVILLE FL 34601

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

3. Date of report or registration in this state  
FLORIDA 09/10/1995

3n. Date of last report

4. State and country of formation  
FL

5a. Capital Contributions as Shown on Report  
\$600,000.00

5b. Amount of Capital Contributions in FLORIDA to date

6. FEI Number

X Applied For  
Not Applicable

7. CERTIFICATE OF STATUS REQUIRED  
\$475 Additional Fee Required  
for a Certificate of Status

8. FEES: 1. Filing Fee: Computed at a rate of \$2 per \$1,000 on amount entered in 5a or 5b if 5b blank, with a minimum filing fee of \$52.50 and a maximum of \$437.50.  
2. Supplemental Fee: \$135.75 (pursuant to section 607.101 F.S.)  
THE AMOUNT DUE SHALL BE PAID BY TRANSFER (\$52.50 + \$135.75) AND NO MORE THAN \$576.25 (\$437.50 + \$135.75).  
Note: If the amount entered in 5a is greater than amount entered in 5b, a supplemental affidavit must be submitted along with a request and appropriate filing fee.  
MAKE CHECK PAYABLE TO FLORIDA DEPT. OF STATE

9. Name and Address of Current Registered Agent

HUMPHRIES, J. GREGORY  
201 EAST PINE STREET, SUITE 701  
ORLANDO FL 32801

10. If changed, new Registered Agent/Office

Name

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

Date: Apt. # etc.

City

BROOKSVILLE FL 34601  
Zip Code 34601

10a. Pursuant to the provisions of sections 607.101 and 607.102, Florida Statutes, the above named limited partnership organized or registered under the laws of the State of Florida, requests the statement for the purpose of changing its registered office and registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). Thereby accept the appointment of registered agent, name similar with, and accept the obligations of section 607.102, 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

SARTOR, JOHN R SR.  
SARTOR, TERRY LYNN

1115 MITCHELL ROAD  
1115 MITCHELL ROAD

BROOKSVILLE FL 34601  
BROOKSVILLE FL 34601

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

12.

SIGNATURE

John R. Sartor Jr.  
JOHN R. SARTOR JR.

DATE

Registration Number

4/2/96  
904.796 4540