A9500000423

JOHN A. TURNER
GENERAL PARTNER
TEL: 941 686 9231

OPTION INCOME FUND, LP

601 HAWTHORNE TRAIL
LAKELAND, FLORIDA 33803

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

900001585139
-09/14/95--01086--001
****743.75 ****743.75

Check for $743.75 is enclosed in payment of the following:

Filing fee for Option Income Fund, LP	$700.00
Registered Agent fee	35.00
One certificate under seal	8.75

John A. Turner
John A. Turner
General Partner

FILED
1995 SEP 25 AM 8:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

September 11, 1995

Enclosures:
Certificate of Limited Partnership
Affidavit of Capital Contributions

~~V950000[illegible]~~

~~$489,656,671~~ cw

9/25/95 aw

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

September 15, 1995

JOHN A. TURNER
OPTION INCOME FUND, LP
601 HAWTHORNE TRAIL
LAKELAND, FL 33803

SUBJECT: OPTION INCOME FUND, LIMITED PARTNERSHIP
Ref. Number: W95000018632

We have received your document for OPTION INCOME FUND, LIMITED PARTNERSHIP and your check(s) totaling $743.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 620.108, Florida Statutes, requires the affidavit include the amount of capital contributions of the limited partners and the amount anticipated to be contributed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6920.

Ava Watson
Corporate Specialist

Letter Number: 095A00042602

CERTIFICATE OF LIMITED PARTNERSHIP

A95000001423

1. Option Income Fund, Limited Partnership
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")

2. 601 Hawthorne Trail Lakeland Florida 33803
(Business address of Limited Partnership)

3. John A. Turner
(Name of Registered Agent for Service of Process)

4. 601 Hawthorne Trail, Lakeland, Florida 33803
(Florida street address for Registered Agent)

5. John A. Turner
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)

6. 601 Hawthorne Trail, Lakeland, Florida 33803
(Mailing Address of the Limited Partnership)

FILED
95 SEP 25 PM 8:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7. The latest date upon which the Limited Partnership is to be dissolved is: Sep. 11, 2002

8. Name(s) of general partner(s): Street address:

John A. Turner	601 Hawthorne Trail, Lakeland, Florida 33803

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

Signed this 11th *day of* September, *19* 95.

Signature of all general partners:

John A. Turner
General Partner

General Partner

General Partner

General Partner

General Partner

General Partner

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR FLORIDA LIMITED PARTNERSHIP

FILED
95 SEP 25 AM 8:37
TALLAHASSEE, FLORIDA

The undersigned constituting all of the general partners of Option Income Fund, Limited Partnership,

a Florida Limited Partnership, certify:

The amount of capital contributions to date of the limited partners is $ None.

The total amount contributed and anticipated to be contributed by the limited partners at this time totals $ 100,000.

Signed this 11th day of September, 19 95.

FURTHER AFFIANT SAYETH NOT.

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

John A. Turner
General Partner

General Partner

General Partner

General Partner

General Partner

General Partner

A95000001423

OFFICE USE ONLY (Document #)

Option Income Fund, LP
(Requestor's Name)
1001 Hawkhorne Trail
(Address)
Lakeland, FL 33803
(City, State, Zip) (Phone #)

OFFICE USE ONLY

FILED
95 DEC 11 PM 12:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1. Option Income Fund, LP
(Corporation Name) (Document #)
2. (Corporation Name) A95000001423 (Document #)
3. (Corporation Name) (Document #)
4. (Corporation Name) (Document #)

200001665962
-12/19/95--01134--014
****926.25 ****350.00

☐ Walk in ☐ Pick up time _____ ☐ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

AMENDMENTS	
	Amendment
	Resignation of R.A., Officer/Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

FF
$350.00

OTHER FILNGS	
	Annual Report
	Fictitious Name
	Name Reservation

REGISTRATION/ QUALIFICATION	
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

12/12/95 aw

Examiner's Initials	

CR2E031(9/92)

FILED
95 DEC 11 PM 2:05
TALLAHASSEE, FLORIDA

SUPPLEMENTAL AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FLORIDA LIMITED PARTNERSHIP

The undersigned, constituting all of the general partners of Option Income Fund, L.P., a 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 $ 150,000.
This 5th day of December, 19 95.

FURTHER AFFIANT SAYETH NOT.

Under penalties of perjury we declare that we have read the foregoing and that the facts are true, to the best of our knowledge and belief.

General Partners

John A Lawrence

Fees: $7 per $1,000, based on the additional contributions.
Minimum $52.50 - Maximum $1,750.00.

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

LIMITED PARTNERSHIP ANNUAL REPORT 1996

A95000001423

FILED
1995 DEC 11 PM 12:05
SEC. OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Name of Limited Partnership

OPTION INCOME FUND, LP

1a. DOCUMENT # A95000001423

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

601 Hawthorne Trail
Lakeland, FL 33803

Principal Office Address

601 Hawthorne Trail
Lakeland, FL 33803

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

000001685980
-12/13/95--01134--014
****926.25 ****576.25

3. Date Formed or Registered to Do Business in FLORIDA	3a. Date of Last Report	4. State or Country of Formation
9-25-95	N/A	Florida

5a. Capital Contributions as Stated on Record	5b. Amount of Capital Contributions in FLORIDA to date	6. FEI Number	7. CERTIFICATE OF STATUS REQUIRED
100,000	150,000	59-3330284	Applied For ☐ Not Applicable ☐ ($ 5.00 Additional Fee required for a Certificate of Status)

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

JOHN A. TURNER
601 Hawthorne Trail
Lakeland, FL 33803

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 620.102, 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 620.102, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) John A Turner DATE 11-13-95

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 (CANNOT Use P.O. Box Number)	11b. City, State & Zip Code	11c. Registration/ Document Number
John A. Turner	601 Hawthorne Trail	Lakeland, FL 33803	

AR - $437.50
SF - $138.75

12-12-95 aw

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

12. I/We 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)(i), Florida Statutes. I release this Division of Corporations from any liability or non-compliance with Section 119.07(1), 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 effect 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 A Turner DATE 11-13-95

Typed or Printed Name of General Partner Signing Form: JOHN A. TURNER

Telephone Number: (941)686-9231

CR2E003 (6/95)