

# A95000001493

LADONNA J. CODY, P. A.  
ATTORNEY AT LAW  
2449 FIRST STREET  
FORT MYERS, FLORIDA 33901

Tel: (941) 334-5776  
Fax: (941) 334-7799

September 27, 1995

Secretary of State  
Corporate Division  
The Capitol  
Tallahassee, Florida 32304

900001597133  
-09/28/95--01072--002  
+++192.50 +++192.50

RE: THE BLAKE FAMILY LIMITED PARTNERSHIP

Gentlemen:

I am enclosing herewith an original and a copy of THE BLAKE FAMILY LIMITED PARTNERSHIP AGREEMENT for the above-named partnership. In addition, a check in the sum of \$192.50 is enclosed which represents the following fees:

File fee- \$7.00 per \$1,000.00	\$105.00
Certified copy	52.50
Registered Agent fee	35.00
<b>Total</b>	<b>\$192.50</b>

Please file the original of the enclosed Partnership Agreement and return a certified copy to the undersigned.

Your prompt attention to this matter would be appreciated.

Sincerely,

*LaDonna J. Cody*

LaDonna J. Cody,  
Attorney

LJC/jgg  
encl.

FILED  
1995 OCT -5 PM 12:56  
TALLAHASSEE, FLORIDA

~~4789,519,671~~ 10/3/95a  
~~475000019566~~ CC



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

September 29, 1995

LADONNA J. CODY, P.A.  
2449 FIRST STREET  
FT. MYERS, FL 33901

SUBJECT: THE BLAKE FAMILY LIMITED PARTNERSHIP  
Ref. Number: W95000019566

We have received your document for THE BLAKE FAMILY LIMITED PARTNERSHIP and your check(s) totaling \$192.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The limited partnership name designated in the document is not available since it is the same as, or not distinguishable from the name of another entity on file with this office. Please select a new name and make the substitution in all the appropriate places.

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: 895A00044572

LADONNA J. CODY, P. A.  
ATTORNEY AT LAW  
2449 FIRST STREET  
FORT MYERS, FLORIDA 33901

tel: (941) 334-3776  
fax: (941) 334-7799

October 3, 1995

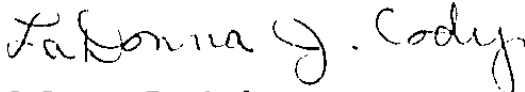
Secretary of State  
Attn: Ava Watson  
Corporate Division  
The Capitol  
P.O. Box 6327  
Tallahassee, Florida 32314

RE: THE CHARLES BLAKE FAMILY LIMITED PARTNERSHIP

Dear Ms. Watson:

I am enclosing herewith your letter of September 29, 1995 with my corrected documents. Thank you for your prompt attention to this matter.

Sincerely,



LaDonna J. Cody,  
Attorney

LJC/jgg  
encl.

A95000001493

CERTIFICATE OF THE ~~BLAKE~~ <sup>CHARLES</sup> FAMILY LIMITED PARTNERSHIP

The undersigned General Partner, desiring to form a limited partnership pursuant to the Florida Revised Uniform Limited Partnership Act (1986), hereby states:

1. Name. The partnership's name is the ~~BLAKE~~ <sup>CHARLES</sup> Family Limited Partnership, hereinafter sometimes called ("the partnership").

2. Partnership's Business. The partnership's business is owning, developing, leasing, managing, and selling property, and all other related acts. The partnership may also do all things not otherwise illegal under the laws of the Florida.

3. Registered Agent. The name and post office address of the partnership's registered agent is:

LaDonna J. Cody  
Attorney at Law  
2649 First St.  
Fort Myers, FL 33901

4. Specified Office. The post office address of the office at which its records are kept is:

Charles Blake, Jr.  
12020 Waterford Place  
Fort Myers, Florida 33907

5. Partners. The name and post office address of the general partner is:

Charles Blake, Jr.  
12020 Waterford Place  
Fort Myers, Florida 33907

6. Dissolution. The latest date on which the limited partnership is to be dissolved and its affairs wound up is December 31, 2020.

The execution of this certificate by the undersigned General Partner constitutes an affirmation under the penalties of perjury that the facts stated herein are true and correct.

IN WITNESS WHEREOF, this Certificate of Limited Partnership has been executed on behalf of the sole general partner of The ~~BLAKE~~ <sup>CHARLES</sup> Family Limited Partnership, this 10<sup>th</sup> day of August, 1995.

Witnesses as to General Partner:

*Charles Blake, Jr.*  
*LaDonna J. Cody*  
CHARLES BLAKE, JR., General Partner

STATE OF FLORIDA     )  
                                  )ss:  
COUNTY OF LEE        )

I HEREBY CERTIFY that on this day before me, an officer duly qualified to take acknowledgments, personally appeared, CHARLES BLAKE, JR., to me known to the person described in and who executed the foregoing Agreement, as General Partner and Limited Partner Partner, and acknowledged before me that CHARLES BLAKE, JR. executed the same.

WITNESS my hand and official seal in the County and State last aforesaid this 10 day of August, 1995.

*LaDonna J. Cody*  
Notary Public  
*LaDonna J. Cody*

Form of Identification  
presented to Notary:  
*LaDonna J. Cody*  
Blake-fm.LtdDisk #116



FILED  
1995 OCT -5 PM 12:56  
TALLAHASSEE, FLORIDA

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been named as statutory register agent for The Charles Blako Family Limited Partnership, a Florida limited partnership ("the partnership"), in the foregoing Certificate of Limited Partnership, I heroby agree to act in that capacity, and, on behalf of the Partnership, to accept service of process for the Partnership and to comply with any and all statutes relative to the complete and proper performance of the duties of registered agent.

REGISTERED AGENT:

DATED: August 10, 1995

LaDonna J. Cody  
LaDonna J. Cody

FILED  
1995 OCT -5 PM 12:56  
TALLAHASSEE, FLORIDA

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

THE CHARLES BLAKE FAMILY LIMITED PARTNERSHIP

STATE OF FLORIDA  
COUNTY OF LEE

FILED  
1995 OCT -5 PM 12:56  
CLERK OF COURT  
LEE COUNTY, FLORIDA

BEFORE ME, the undersigned authority, personally appeared CHARLES BLAKE, JR., the sole general partner of The ~~Blake~~ Family Limited Partnership (the "Partnership"), who, upon being duly sworn, certified as follows:

1. The amount of capital contributions to the Partnership made by the limited partners is, in the aggregate, FIFTEEN THOUSAND and no/100ths and No/100 (\$ 15,000.00 ) Dollars.

2. At this time, it is not anticipated that additional capital contributions will be made by the limited partners.

Under penalties of perjury I declare that I have read the forgoing and that the facts alleged are true, to the best of my knowledge and belief.

Charles Blake Jr.  
CHARLES BLAKE, JR.

DATE: August 10, 1995

BEFORE ME, the undersigned officer, a Notary Public authorized to administer oaths and to take acknowledgments in and for the State and County set forth above, personally appeared CHARLES BLAKE, JR., known to me and known to be the person who executed the foregoing Affidavit of Capital Contributions, and he acknowledged to me and before me that he executed this Affidavit as the sole General Partner of The ~~Blake~~ Family Limited Partnership.

IN WITNESS WHEREOF, I have set my hand and affixed my official seal in the State and County aforesaid, this 10th day of August, 1995.

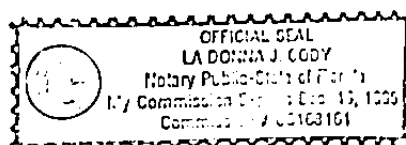
Ladonna J. Coady  
Notary Public

(Seal)

My Commission Exp:

Printed Name

*no presented to the court  
personally by me*



A95000001493  
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93  
93 MAY 10 10 58

LIMITED PARTNERSHIP  
DOCUMENT # A95000001493

CHARLES BLAKE FAMILY LIMITED PARTNERSHIP

2. 12995 CLEVELAND AVE. S107 FT. MYERS, FL	3. SAME SAME	4. 10/05/1995	5. 65-0615945
33907	LEE	6. <input type="checkbox"/> CERTIFICATE OF STATUS DE SOLO	7. FLORIDA

8a. 15000.00	FEES: 1) Filing Fee(s) Computed at a rate of \$7 per \$1,000 on amount entered in 8b, with a minimum filing fee of \$52.50 and a maximum of \$437.50 for each year due this office. 2) Supplemental Fee(s) \$138.75 for each year due this office beginning with 1992 calendar year. 3) Penalty Fee(s) \$500 penalty fee for each year report form is delinquent. Note: If the amount entered in 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.
8b. 600.00	

9. Name and Address of Current Registered Agent CODY, LADONNA J 1449 FIRST ST. FT. MYERS, FL.	10. If transfer from registered agent office Name Street Address (P.O. Box Number is Not Acceptable) 300001827383 Date: April 8, 1996 -05/17/96--01098--012 City ****691-25 FL ****691-25
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10a. Pursuant to the provisions of sections 620.105 and 620.102, Florida Statutes, the above named limited partnership organized or registered under the laws of the State of Florida, requests 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 this appointment of registered agent in accordance with and in compliance with sections 620.102, Florida Statutes.

Signature of Registered Agent Accepting Appointment: DAH  
**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name of General Partner(s) BLAKE, CHARLES JR.	Address of Each General Partner (Do NOT Use Post Office Box Numbers) 12995 CLEVELAND AVE. S107	City, State and Zip Code FT. MYERS FL. 33907	11a. Registered Document Number <del>A95000001493</del>
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REINSTATEMENT 96 kwm

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

12. I, the undersigned, being duly sworn, depose and say that the foregoing is a true and correct statement of the facts and circumstances as to the reinstatement of the partnership of Charles Blake Family Limited Partnership, and that the same is true to the best of my knowledge and belief, and I am a General Partner of the said partnership, and I am duly qualified to execute this statement.

SIGNATURE *Charles Blake, Jr.* P.O.A. for DATE 5/7/96  
CHARLES BLAKE, JR. Telephone Number

CR2E039 (4/95)

3657022

OR2645 PG3397

DURABLE POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS, that I, CHARLES BLAKE, JR., of LEE County, Florida, Principal, being over the age of twenty-one (21) years and sui juris, and intending to be legally bound hereunder, have made, constituted and appointed, and by these presents do make, constitute and JUDITH GAIL HESSELBACHER, (hereinafter, Attorney-in-Fact sometimes referred to as "Attorney"), my true and lawful Attorney-in-Fact, for me and in my name, place and stead, and for my use, from time to time, to act in, manage and conduct all my business and affairs of every nature whatsoever, and for that purpose to do and perform any and all acts and deeds of whatsoever name or nature which shall or may, in the judgment of my said Attorney, be proper and expedient in the supervision and management of my business, property, and affairs, as fully and effectively in all respects as I myself could do if personally present.

Without in any way limiting or restricting the generality of the foregoing, but in furtherance thereof, and in partial enumeration, only, of the powers thereby vested in my said Attorney, I hereby give and grant unto my said Attorney full power and authority, from time to time, for me and in my name, place and stead, and for my use, and in Attorney's sole discretion:

1. To receive, demand, collect and obtain possession of any and all manner of debts, notes, mortgages, claims, choices in action, obligations or monies due or belonging to me; and any of the same to compound, compromise or settle; and releases, discharges, receipts or acknowledgments therefor to execute and deliver.

2. To sign, execute, endorse, deliver or pay any and all checks or drafts; to make, enter into and perform agreements, contracts or any other instruments in writing of whatever kind that said Attorney may deem proper.

3. To pay any and all debts, claims or obligations incurred by me or by my Attorney for me, for which I or my property may be liable.

4. To deposit or withdraw any money or credits in any bank or savings and loan company or any depository or investment or financial business of any kind, and to sign, endorse, execute or renew any checks, withdrawals, deposits, promissory notes, bonds, bills of exchange or evidences or indebtedness and to waive



notice of demand and protest and to transact and perform any and all other banking or financial business and affairs of any kind whatsoever.

5. To effect insurance upon the life or health of any person or upon any property, real or personal, and to rescind, cancel or collect the proceeds of any insurance, including life, health or accident, and to compromise with releases or discharge, any insurers of claim against any insurers or claim against any insurer. In connection with any life insurance policy (including annuity contracts) and any health insurance policy in which I may have any interest, to demand and receive all amounts payable and benefits of any kind, to exercise rights and options, and to surrender such policies. I hereby relieve and release all such insurance or other companies making any payment or payments to my Attorney or at my Attorney's discretion, in connection with the exercise by my Attorney of any such privilege or benefits, of any and all responsibility.

6. To purchase, sell, transfer, assign, hypothecate, redeem, exchange, waive priority, or deal in any other way with any notes, mortgages, stocks, bonds or securities or investments of any kind or nature whatsoever, and to receive and receipt for any and all income or dividends therefrom and to vote or to execute proxies for voting any and all stock.

7. To borrow money upon the security of any property, real or personal, and to execute and deliver promissory notes with mortgages or liens upon any real or personal property to secure the indebtedness upon such terms as said Attorney shall believe best.

8. To lease, rent, release, manage, deal with, purchase, sell, contract to purchase or sell and convey in fee simple or lesser estate by deed or any instrument, and the same to deliver with or without covenants of warranty for such price and upon such terms of credit, and with such other provisions, and to such person or persons as my Attorney shall deem proper, the whole or any part of or any interest in any lands, tenements, hereditaments or any personal property, tangible or intangible, of any kind whatsoever and wheresoever situated; and to preserve, repair or improve any such interest or property as said Attorney shall deem proper.

9. To make, execute and file any and all tax returns upon personal or real estate, income, or any other tax that may be levied or imposed by any lawful authority, and to settle, compromise or pay the same or to collect any and all refunds or repayments thereof.

10. To invest and reinvest in any kind of property, real or personal, without regard to any statute or rule of law concerning the investment of funds held by fiduciaries.

11. To have access to any safe deposit box standing in my name alone or jointly with another or others.

12. To vote stock, give proxies and participate in any plan of corporate reorganization.

13. To bring and defend actions in law or equity and to compromise claims.

14. Without prejudice to the generality of the powers otherwise granted herein and conferred upon said Attorney, the specific power is hereby granted to redeem and receive the payment upon, assign and transfer, sell, endorse, deliver, and exchange, and have reissued in coupon, registered or any other form, any securities of the United States, including, but not limited to treasury notes and treasury bonds of any kind, denomination or date whatsoever, owned by the undersigned or in which the undersigned has any interest or title of any kind, and to receive and receipt therefor or for any such reissued or substituted securities, and to do and perform any other act or thing with respect to any securities.

15. To continue or participate in the operation of any business or other enterprise.

16. To employ as investment counsel, custodians, brokers, accountants, appraisers, attorneys-at-law, or other agents or such persons, firms, or organizations (including any of my said attorneys and any firm of which any of my said attorney may be a member or employee) as deemed necessary or desirable, and to pay such persons, firms, or organizations such compensation as is deemed reasonable; and to determine whether or not to act upon the advice of such agent without liability for acting or failing to act thereon.

17. To expend or distribute income or principal of my estate for the support, education, care or benefit of me and my dependents.

18. To make gifts to any one or more of my spouse, my descendants and heirs at law (if any) of whatever degree (including any one or more of my said attorneys who is a spouse or descendant of mine or heir at law in any amount with respect to any one of them; and to make gifts to charity in amounts not exceeding the percentage of my federal adjusted gross income that qualifies for an income tax charitable deduction in any one year.

19. To renounce and disclaim any interest otherwise passing to me by testate or intestate succession or by inter vivos transfer.

20. To exercise my rights to elect options and change beneficiaries under insurance and annuity policies, and to surrender the policies for their cash value.

21. To hold securities in bearer form or in the name of a nominee or nominees, and to hold real estate in the name of a nominee or nominees.

22. To deal with any qualified or non-qualified pension, profit-sharing or other type of retirement or other plan in which I have any interest as a participant, spouse of a participant or beneficiary, such power and right including, but not being limited to, options, elections, spousal rollovers, and withdrawals.

23. To transfer and convey to the trustee of trustees then acting under any revocable trust executed by me (regardless of whether any such trust was executed or amended prior to or subsequent to the date hereof) any and all assets or interests in assets, real or personal, now or at any time hereafter held by me individually or as a joint owner.

24. To execute and deliver at any time, and from time to time, all such documents including, without limitation, applications, representations, consents, refusals, waivers, releases, and indemnities to such one or more persons, natural or corporate, as my attorney-in-fact deems advisable.

No action by me, subsequent to the making of this instrument, doing in person any act or acts herein authorized to be done, shall be considered or treated as a revocation hereof. The exercise by my said Attorney at any time, or from time to time, of any of the rights or powers hereunder shall not exhaust the capacity and power thereafter, from time to time, to exercise such rights and powers, or any of them, but such capacity and power shall continue at all times so long as this instrument shall be in effect. This Power of Attorney shall continue in full force and effect until due notice of revocation shall have been given by me in writing; and I exonerate from liability and agree to indemnify against loss, any person or corporation, for any act taken in reliance hereon, without notice or knowledge of its revocation.

I do hereby, for myself, my heirs, executors, and administrators, ratify and confirm and agree to ratify and confirm whatsoever my said Attorney shall do by virtue of these presents.

This Durable Power of Attorney shall not be affected by any disability or incapacity of the Principal except as provided by statute.

For purpose of identification, the authorized signature of my said Attorney appears below; having been subscribed at my request and in my presence and prior to my having executed this

RECEIVED

RECEIVED

Power of Attorney.

Executed this 12 day of August, 1994.

Witnesses:

Janet G. Geddes  
JANET G. GEDDES  
Patricia A. Huguenin  
PATRICIA A. HUGUENIN  
Judith Gail Hesselbacher  
JUDITH GAIL HESSELBACHER  
Attorney-in-Fact  
Charles Blake, Jr.  
CHARLES BLAKE, JR.  
12820 WATERFORD CIRCLE  
FORT MYERS, FL 33907

STATE OF FLORIDA )  
COUNTY OF LEE ) ss:

On the 12 day of August, 1994, before me personally appeared, CHARLES BLAKE, JR. known to me to be the person whose name is subscribed to the within instrument, and acknowledged that he executed the same for the purposes therein contained.

Form of identification presented to Notary

Personally Known  
OATH TAKEN

This instrument prepared by:

LaDonna J. Cody  
Attorney at Law  
2449 First Street  
Fort Myers, FL. 33901



Blake, POA  
#101

I, Charles Greenlee, Clerk of the Circuit Court and the said County and State do hereby certify that the foregoing is a true and correct copy of the Power of Attorney as filed in this office 10/24/95 4:22 PM  
Book 3645 Page 3397  
Witness my hand and official seal this 24 day of Oct  
1995

CHARLES GREENLEE, CLERK  
C. Greenlee D.C.

0R2645 PG34011

95 OCT 24 PM 4:22  
CHARLES GREENLEE CLERK, FL.

# A95000001493

The Charles B. ... Limited Partnership  
Requestor's Name

12995 Cleveland Ave, S107  
Address

Fort Myers, FL 33907  
City/State/Zip Phone #

Office Use Only

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

1. \_\_\_\_\_ (Corporation Name) (Document #) 700002051387--8  
-01/08/97--01120--002  
\*\*\*\*\*52.50 \*\*\*\*\*52.50
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"/>	Rein-statement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

A95-1493

Name	AR-8
Availability	
Document Examiner	OK
Updater	OK
Updater Verifier	OK
Acknowledgement	OK
W. P. Verifier	OK

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
SEP 30 AM 9:41

CERTIFICATE OF AMENDMENT

TO

CERTIFICATE OF LIMITED PARTNERSHIP

OF

CHARLES BLAKE FAMILY LIMITED PARTNERSHIP

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
55 DEC 30 AM 9:41

Pursuant to the provisions of Section 620.109, Florida Statutes, this Florida limited Partnership, whose certificate was filed on October 5, 1995, adopts the following certificate of amendment to its certificate of limited partnership:

FIRST: Amendments: Article 4. and 5. are amended to state:  
4. Specified Office: The name and post office at which its records are kept:

Judith G. Hesselbacher  
Suite 107, 12995 Cleveland Ave.  
Fort Myers, FL 33907

5. Partners: The name and post office address of the general partner is:

Judith G. Hesselbacher  
Suite 107, 12995 Cleveland Ave.  
Fort Myers, FL 33907

These changes are made to reflect the fact that the general partner, Charles Blake, Jr. died on May 9, 1996 and Judith G. Hesselbacher was appointed as general partner by the remaining partners on May 10, 1996; pursuant to Article 16, Paragraph 16.1.1. of the CHARLES BLAKE FAMILY LIMITED PARTNERSHIP wherein said Limited Partnership shall continue as the Limited Partners agreed to said continuance by unanimous vote.

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

THIRD: Signatures:



JUDITH G. HESSELBACHER, Current and New General Partner

STATE OF Virginia  
COUNTY OF Prince William

BEFORE ME, the undersigned authority, personally appeared JUDITH G. HESSELBACHER, known to me to be the person who executed the foregoing Articles of Amendment and they acknowledged before me that she executed those Articles of Amendment for the purpose herein stated.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 23 day of December, 1996.

Shawn D. Swan  
Notary Public, State of Virginia

Form of Identification  
presented to Notary  
Virginia Driver's license

(Seal)

my commission expires: 11-30-99

Yes.  
Oath Taken

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
56 DEC 30 AM 9:41