

1301 HAYS STREET
TALLAHASSEE, FL 32304
904-222-9671
904-222-0100 FAX

800-342-8086



A95006001740

RECEIVED
NOV 17 1995
DIVISION OF CORPORATION

ACCOUNT NO. : 072100000032

REFERENCE : 739310 132254A

AUTHORIZATION : *Patricia Pyjunt*

COST LIMIT : \$ 119.00

ORDER DATE : November 17, 1995

ORDER TIME : 10:36 AM

ORDER NO. : 739310

800001640698

CUSTOMER NO: 132254A

CUSTOMER: Sue Thomas, Legal Asst
BRONSTEIN CARLSON GLEIN &
SMITH, P.A.
Suite 1100
150 Second Avenue, North
St. Petersburg, FL 33701

DOMESTIC FILING

NAME: POSSICK FAMILY ENTERPRISES,
LTD.

ARTICLES OF INCORPORATION
☒ CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Lori R. Dunlap

EXAMINER'S INITIALS:

PRK
11/17/95

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 NOV 17 PM 7:39
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 NOV 17 PM 1:32

**CERTIFICATE OF LIMITED PARTNERSHIP
OF
POSSICK FAMILY ENTERPRISES, LTD.**

The undersigned General Partners, desiring to form a limited partnership pursuant to the Florida Revised Uniform Limited Partnership Law as set forth in Section 620.108 of the Florida Statutes, hereby state as follows:

1. The name of the partnership shall be POSSICK FAMILY ENTERPRISES, LTD. (the "Partnership").

2. The address of the office of the Partnership is:

9967 57th Avenue North
St. Petersburg, Florida 33708

3. The name and address of the agent for service of process on the Partnership are as follows:

Charles G. Possick
9967 57th Avenue North
St. Petersburg, Florida 33708

4. The name and business address of each General Partner are as follows:

<u>NAME</u>	<u>ADDRESS</u>
Charles G. Possick	9967 57th Avenue North St. Petersburg, FL 33708
Karen K. Possick	9967 57th Avenue North St. Petersburg, FL 33708

5. The mailing address of the Partnership is:

9967 57th Avenue North
St. Petersburg, Florida 33708

6. The latest date upon which the Partnership shall dissolve is December 31, 2010, unless sooner terminated as provided in the Limited Partnership Agreement of Possick Family Enterprises, Ltd., dated November 16, 1995, or by law.

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DIVISION OF CORPORATIONS
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The execution of this Certificate of Limited Partnership by the undersigned constitutes an affirmation under the penalties of perjury that the facts stated herein are true and correct.

IN WITNESS WHEREOF, the undersigned, constituting the General Partners of POSSICK FAMILY ENTERPRISES, LTD., has executed this Certificate of Limited Partnership of Possick Family Enterprises, Ltd., on this 16th day of November, 1995.

GENERAL PARTNER:

Charles G. Possick
Charles G. Possick

Karen S. Possick
Karen S. Possick

STATE OF FLORIDA
COUNTY OF PINELLAS

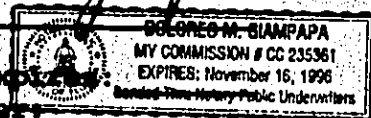
The foregoing was acknowledged before me this 16th day of November, 1995, by Charles G. Possick, who produced a Florida Driver's License as identification.

Notary Public
Print Name:

Notary Public

My commission expires:

Commission Number:



STATE OF FLORIDA
COUNTY OF PINELLAS

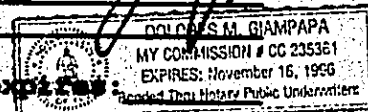
The foregoing was acknowledged before me this 16th day of November, 1995, by Karen S. Possick, who produced a Florida Driver's License as identification.

Notary Public
Print Name:

Notary Public

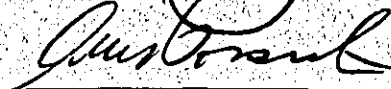
My commission expires:

Commission Number:



ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

The undersigned, having been named as Registered Agent for Possick Family Enterprises, Ltd., a Florida limited partnership in the foregoing Certificate of Limited Partnership, hereby agrees to accept service of process for the Partnership and to comply with any and all Florida Statutes relative to the complete and proper performance of the duties of Registered Agent.



**Charles G. Possick
REGISTERED AGENT**

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DIVISION OF CORPORATIONS
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AFFIDAVIT OF CAPITAL CONTRIBUTIONS

The undersigned, constituting the General Partners of Possick Family Enterprises, Ltd., a Florida limited partnership (the "Partnership"), upon being duly sworn, state and certify as follows:

1. The amount of initial capital contributions to the Partnership made by the initial Limited Partners is Twelve Thousand Dollars (\$12,000.00).
2. The amount of additional capital contributions anticipated to be contributed by the Limited Partners is zero.

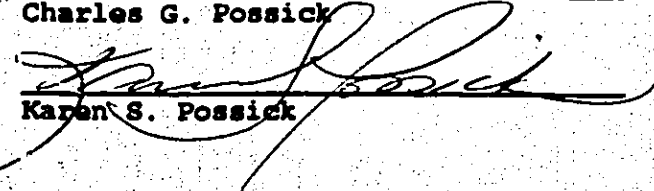
FURTHER AFFIANTS SAYETH NOT.

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

DATED this 16th day of November, 1995.

GENERAL PARTNER


Charles G. Possick


Karen S. Possick

STATE OF FLORIDA
COUNTY OF PINELLAS

The foregoing instrument was sworn to and acknowledged before me this 16 day of November, 1995 by Charles G. Possick, as a General Partner of Possick Family Enterprises,

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DIVISION OF CORPORATIONS
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Ltd., a Florida limited partnership, on behalf of the partnership. He produced a Florida Driver's License as identification.

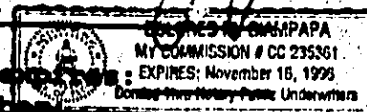
Dolores M. Giampapa

Print Name:

NOTARY PUBLIC

My commission expires:

Commission Number:



STATE OF FLORIDA
COUNTY OF PINELLAS

The foregoing instrument was sworn to and acknowledged before me this 16th day of November, 1995 by Karen S. Possick, as a General Partner of Possick Family Enterprises, Ltd., a Florida limited partnership, on behalf of the partnership. He produced a Florida Driver's License as identification.

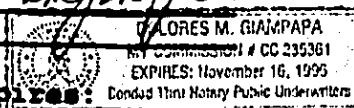
Dolores M. Giampapa

Print Name:

NOTARY PUBLIC

My commission expires:

Commission Number:



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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 NOV 17 PM 1:33

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

FILED

95 DEC 14 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

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

1. Name of Limited Partnership

1a. DOCUMENT #

A95000001740

Possick Family Enterprises, Ltd.

96-AR
CWS

Mailing Address

Principal Office Address

9967 57th Avenue North
St. Petersburg, FL 33708

CM

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

3. Date Formed or Registered to Do Business in
FLORIDA

11/17/95

3a. Date of Last Report

N/A

4. State or Country of Formation

Florida

5a. Capital Contributions as Shown
on Record

\$12,000.00

5b. Amount of Capital Contributions in
FLORIDA to date

\$12,000.00

6. FEI Number

X

Applied For

Not Applicable

7. CERTIFICATE OF STATUS REQUIRED

X

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: \$134.75 (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 \$578.25 (\$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

Possick, Charles G.
9967 57th Avenue North
St. Petersburg, FL 33708

10. If changed, new Registered Agent/Office

Name

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

Suite, Apt. #, etc.

City

Zip Code

FL

10a. 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 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 620.192, 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
(Do NOT Use Post Office Box Numbers)

11b. City, State & Zip Code

11c. Registration/
Document Number

Possick, Charles G.

9967 57th Avenue No.

St. Petersburg, FL
33708

Possick, Karen S.

9967 57th Avenue No.

St. Petersburg, FL
33708

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

12. I do 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)(k), Florida Statutes. I recuse 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 signature shall have the same legal effects 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

DATE

12-11-95

Typed or Printed Name of General Partner Signing Form

Telephone Number

CR2E003 (6/95)