

A95000001744

November 8, 1995

Bureau of Commercial Recording
Registration and Qualification Section
Department of State
P.O. Box 6327
409 East Gaines Street
Tallahassee, Florida 32301

Re: PAGAN FAMILY LIMITED PARTNERSHIP

Gentle(women):

Enclosed is the original and one copy of the following documents which are submitted to you for the purpose of commencing this business:

1. Certificate of Limited Partnership
2. Affidavit of Capital Contributions
3. Registered Agent Certificate

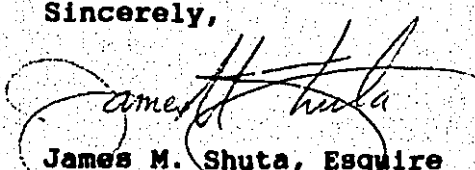
Also enclosed is a check in the amount of \$ 1,837.50 for the following:

| | |
|-----------------------------|-------------|
| Filing Fee | \$ 1,750.00 |
| Registered Agent Filing Fee | 35.00 |
| Certified Copy | 52.50 |

Please return the certified copy of the Certificate to me after recording.

Thank you for your continued assistance.

Sincerely,


James M. Shuta, Esquire
Board Certified Tax Attorney

700001638067
-11/16/95--01008--020
***1837.50 ***1837.50

cc.
11/20/95 a



James M. Shuta • Attorney At Law • FAX 813/726-9203 • 813/799-4840
Suite 300 • 2560 Gulf to Bay Blvd. • P.O. Box 17297 • Clearwater, FL 34622-0297

A95000001744

**CERTIFICATE OF LIMITED PARTNERSHIP
OF THE
PAGAN FAMILY LIMITED PARTNERSHIP
A Florida Limited Partnership**

FILED
85 MAY 15 AM 9 08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The parties hereto on this 8TH day of NOVEMBER, 1995 do hereby certify that a LIMITED PARTNERSHIP AGREEMENT was entered into by ROSA M. PAGAN hereinafter referred to as "General Partner" and by ROSA M. PAGAN, as Trustee of the ROSA M. PAGAN TRUST as amended and restated on the 8TH day of NOVEMBER, 1995 and JOSE A. PAGAN, M.D., as Trustee of the JOSE A. PAGAN, M.D. TRUST as amended and restated on the 8TH day of NOVEMBER, 1995, hereinafter referred to as "Limited Partners."

WITNESSETH:

The parties hereto, on the date described above, formed a LIMITED PARTNERSHIP pursuant to the provisions of the Florida Revised Uniform Limited Partnership Act (1986).

1. Name. The name of this Limited Partnership is the PAGAN FAMILY LIMITED PARTNERSHIP.

2. Business. The general character of the Partnership business shall be to hold, invest, and reinvest the assets of the Limited Partnership without distinction between principal and income, in any property, real, personal or mixed, wherever situated, and whether or not productive of income or consisting of waste assets, including, without limitation, common and preferred stocks, bonds, notes, debentures, securities, convertible into common stock, leaseholds, mortgages (including, without limitation, any collective or part interest in any bond and mortgage or note and mortgage), interest bearing accounts and certificates of deposit, and oil, mineral or gas properties, royalties, interests, or rights (including equipment pertaining thereto), equipment trust certificates, investment trust certificates, savings bank deposits, commercial paper, and insurance contracts (including those to which amounts may be deposited and withdrawn).

3. Principal Place of Business. The location of the principal place of business of the Partnership is 3224 Harvest Moon Drive, Palm Harbor, Pinellas County, Florida 34683.

4. Registered Agent. The registered agent for service of process for this Limited Partnership is ROSA M. PAGAN.

5. Mailing Address. The mailing address of this Limited Partnership is 3224 Harvest Moon Drive, Palm Harbor, Pinellas County, Florida 34683.

6. The Partners. The General Partner and Limited Partners of this Limited Partnership are as follows:

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TALLAHASSEE
SECRETARY OF STATE

GENERAL PARTNER

ROSA M. PAGAN

ADDRESS

3224 Harvest Moon Drive
Palm Harbor, Pinellas
County, Florida 34683

LIMITED PARTNERS

ROSA M. PAGAN TRUST as amended
and restated on the 8TH day
of NOVEMBER, 1995

ADDRESS

3224 Harvest Moon Drive
Palm Harbor, Pinellas
County, Florida 34683

JOSE A. PAGAN, M.D. TRUST
as amended and restated on the
8TH day of NOVEMBER, 1995

3224 Harvest Moon Drive
Palm Harbor, Pinellas
County, Florida 34683

7. **Term.** The Limited Partnership shall commence upon filing the Certificate with the Secretary of State of Florida and shall continue for forty (40) years thereafter unless sooner dissolved by law or by written consent of all the Partners hereto. Following the death of the above named General Partner and the alternate General Partner, JOSE A. PAGAN, M.D., the Partnership shall dissolve unless continued by all Limited Partners or their representatives who may elect to continue the Partnership by selecting a new General Partner.

8. **Additional Contributions.** No additional contributions of the Limited Partners have been agreed upon.

9. **Return of Contributions.** No Limited Partner shall be entitled to withdraw or demand the return of any part of his or her capital contribution except upon dissolution of the Partnership.

10. **Profits.** Partnership profits may be distributed in cash or property or remain in the Partnership and thereby increase the capital account of each Partner as determined in the sole discretion of the General Partner.

11. **Transfers.** A Partner shall not assign, pledge, or otherwise transfer or encumber all or any part of their interests in the Partnership other than to the present partners without having first obtained the written consent of all of the other Partners.

12. **Assignment.** A Limited Partner may assign his or her Partnership interest to other Limited Partners without the consent of any other Limited Partner. An assignment to any person other than a Limited Partner, spouse or revocable Living Trust is subject to the above transfer restrictions. An assignment of a Limited Partnership interest does not dissolve this Limited Partnership or

entitle the assignee to become or to exercise any rights or powers of a Limited Partner and does not entitle the assignee to interfere in the management or administration of the Partnership business. The assignee of a General Partnership interest shall acquire such interest in the capacity of a Limited Partner.

13. Additional Limited Partners. The General Partner may admit additional limited partners.

14. Priority Among Limited Partners. There is no priority of one Limited Partner over another as to the contributions or compensation by way of income.

15. Management. The business of the Limited Partnership shall be under the exclusive control of the General Partner. The Limited Partners shall not participate in the management of the business of the Limited Partnership.

IN WITNESS WHEREOF, the below signed have hereunto set their hands on the date first noted above.

WITNESSES:

James M. Shulta
Sign Name

JAMES M. SHULTA
Print Name

R. M. Brehm
Sign Name

RICHARD M. BREHM
Print Name

James M. Shulta
Sign Name

JAMES M. SHULTA
Print Name

R. M. Brehm
Sign Name

RICHARD M. BREHM
Print Name

GENERAL PARTNER:

Rosa M. Pagan
ROSA M. PAGAN

LIMITED PARTNERS:

Rosa M. Pagan
ROSA M. PAGAN, as Trustee of
the ROSA M. PAGAN TRUST, as
amended and restated on the
8th day of NOVEMBER, 1995

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

James M. Sheta
Sign Name

JAMES M. SHETA
Print Name

Richard M. Bronkell
Sign Name

RICHARD M. BRONKELL
Print Name

Jose A. Pagan
JOSE A. PAGAN, M.D., as Trustee
of the JOSE A. PAGAN, M.D. TRUST
as amended and restated on the
8th day of NOVEMBER, 1995

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 620.105 Florida Statutes, the undersigned LIMITED PARTNERSHIP, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the limited partnership is:

PAGAN FAMILY LIMITED PARTNERSHIP

2. The name and address of the registered agent and office is:

ROSA M. PAGAN
3224 Harvest Moon Drive
Palm Harbor, Florida 34683

Rosa M. Pagan

ROSA M. PAGAN
General Partner

Date: NOVEMBER 8, 1995

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED LIMITED PARTNERSHIP AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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 AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

Rosa M. Pagan

ROSA M. PAGAN
Registered Agent

Date: NOVEMBER 8, 1995

**AFFIDAVIT OF CAPITAL CONTRIBUTIONS
OF THE
PAGAN FAMILY LIMITED PARTNERSHIP**

BEFORE ME, the undersigned constituting the General Partner of the PAGAN FAMILY LIMITED PARTNERSHIP, a Florida Limited Partnership, certify as follows:

The amount of capital contributions to date of the Limited Partners is \$ 0.00.

The total amount contributed and anticipated to be contributed by or for the Limited Partners at this time totals \$500,000.00.

Dated this 8TH day of NOVEMBER, 1995.

FURTHER AFFIANT SAYETH NOT.

Under the 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.

James M. Shuta
Sign Name

JAMES M. SHUTA
Print Name

Richard M. Brothwell
Sign Name

RICHARD M. BROTHWELL
Print Name

Rosa M. Pagan
ROSA M. PAGAN

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**STATE OF FLORIDA
COUNTY OF PINELLAS**

I HEREBY CERTIFY that on the 8TH day of NOVEMBER, 1995, the foregoing was acknowledged before me by ROSA M. PAGAN, (X) who is personally known to me or () who produced as identification and who () did or (X) did not take an oath.



James M. Shuta
Notary Public, State of Florida
JAMES M. SHUTA
(Printed Name)

My Commission Expires:
Commission No.

9500001744

November 28, 1995

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Bureau of Commercial Recording
Registration and Qualification Section
Department of State
P.O. Box 6327
409 East Gaines Street
Tallahassee, Florida 32301

Re: PAGAN FAMILY LIMITED PARTNERSHIP

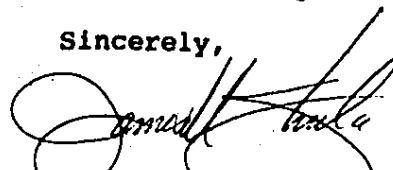
Gentle(wo)men:

Enclosed is the original and one copy of the Certificate of Amendment of the Certificate of Limited Partnership of the subject Limited Partnership.

Please return one certified copy of the Certificate to me after recording. Enclosed is a check in the amount of \$52.50 for the same.

Thank you for your continued assistance.

Sincerely,



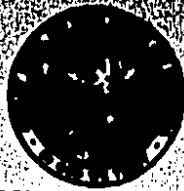
James M. Shuta, Esquire
Board Certified Tax Attorney

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James M. Shuta • Attorney At Law • FAX 813/726-9203 • 813/799-4840
Suite 300 • 2560 Gulf to Bay Blvd. • P.O. Box 17297 • Clearwater, FL 34622-0297

313



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

December 7, 1995

JAMES M. SHUTA, ESQUIRE
STE. 300, 2560 GULF TO BAY BLVD.
P. O. BOX 17297
CLEARWATER, FL 34622-0297

SUBJECT: PAGAN FAMILY LIMITED PARTNERSHIP
Ref. Number: A95000001744

We have received your document for **PAGAN FAMILY LIMITED PARTNERSHIP** and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The enclosed annual report or reinstatement must be filed and the appropriate fee submitted before your document can be filed.

Please include an additional \$52.50 for each certified copy requested.

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) 487-6967.

Kenny Manning
Corporate Specialist

Letter Number: 895A00053223

*per Manning
2-6-96*

*1) Revocation
in April*

*2) Filing
Not
Abandoned*

*3) FILE ANNUAL
REPORT AND
AMENDMENT
TOGETHER
BEFORE APRIL, 1996*

**CERTIFICATE OF AMENDMENT OF THE
CERTIFICATE OF LIMITED PARTNERSHIP OF THE
PAGAN FAMILY LIMITED PARTNERSHIP
A Florida Limited Partnership**

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PURSUANT TO the provisions of Section 620.109 of the Florida Revised Uniform Limited Partnership Act (1986), the undersigned General Partner adopts the following Certificate of Amendment of the Certificate of Limited Partnership:

(a) The name of this Limited Partnership is the:

PAGAN FAMILY LIMITED PARTNERSHIP

(b) The Limited Partnership was filed on the 20TH day of NOVEMBER, 1995 and assigned document number A95000001744.

(c) The Certificate of Limited Partnership is amended to restate the Limited Partners and addresses to be:

ROSA M. PAGAN TRUST as amended
and restated on the 8TH day
of NOVEMBER, 1995

3224 Harvest Moon Drive
Palm Harbor, Pinellas
County, Florida 34683

JOSE A. PAGAN, M.D. TRUST
as amended and restated on the
8TH day of NOVEMBER, 1995

3224 Harvest Moon Drive
Palm Harbor, Pinellas
County, Florida 34683

ANTHONY PAGAN

3224 Harvest Moon Drive
Palm Harbor, Pinellas
County, Florida 34683

THIS AMENDMENT was adopted on this 29TH day of NOVEMBER, 1995 by the sole General Partner of this Limited Partnership.

WITNESSES:

GENERAL PARTNER:

Sign Name

Print Name

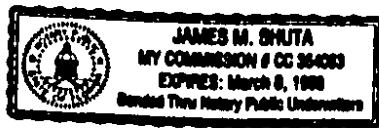
Sign Name

Print Name

ROSA M. PAGAN

STATE OF FLORIDA
COUNTY OF PINELLAS

I HEREBY CERTIFY that on the 29TH day of NOVEMBER, 1995,
the foregoing was acknowledged before me by ROSA M. PAGAN (X) who
is personally known to me or () who produced _____
as identification and who () did or
(X) did not take an oath.



James M. Shuta
Notary Public, State of Florida
JAMES M. SHUTA
(Printed Name)
My Commission Expires: _____
Commission No. _____

FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$600 PENALTY FEE

LIMITED PARTNERS
ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF
REVENUE
Tallahassee, Florida
DIVISION OF REVENUE COLLECTIONS

FILED

96 MAR 13 PM 2:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Name of Limited Partnership

PAGAN FAMILY LIMITED
PARTNERSHIP

1a. DOCUMENT #

A95000001744

Mailing Address

3224 HARVEST MOON DRIVE
PALM HARBOR, FL 34683

Principal Office Address

Same

2. New Mailing Address, if Applicable

616 BROTHWELL

Suite, Apt. #, etc.

36452 U.S. HWY 19 NORTH

City, State & Zip

Palm Harbor, FL 34684

2a. New Principal Office Address, if Applicable

Suite, Apt. #, etc.

3. Date Formed or Registered to Do Business in
FLORIDA

11/20/95

3a. Date of Last Report

N/A

4. State or Country of Formation

Florida

City, State & Zip

5a. Capital Contributions as Shown
on Record

500,000.00

5b. Amount of Capital Contributions in
FLORIDA to date

- 0 -

6. FEI Number

Applied For

☒ Applied for

☐ Not Applicable

7. CERTIFICATE OF STATUS REQUIRED ☐

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 607.183, 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

ROSA M. PAGAN

3224 HARVEST MOON DRIVE

PALM HARBOR, FL 34683

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 620.192 Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits in a 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)

ROSA M. PAGAN

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

3224 HARVEST MOON DRIVE
PALM HARBOR, FL 34683

11b. City, State & Zip Code

11c. Registration
Document Number

700001747107
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****191.25 ****191.25

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)(a), Florida Statutes. I release the Department of Revenue from any liability of non-compliance with Section 119.07(3)(a) in the event that the information supplied is deemed exempt from public access. I further certify that the information is true and correct, 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 represented on this annual report as required by Chapter 620, Florida Statutes.

SIGNATURE

Rosa M. Pagan

DATE

Typed or Printed Name of General Partner Signing Form

ROSA M. PAGAN

Telephone Number (813) 758-6483