

A 9500001870

100 MAIN STREET  
TALLAHASSEE, FL 32301  
904-224-7771  
904-224-0957

RECEIVED

95 DEC -5 PM 1:45

DIVISION OF CORPORATION

FILED  
SECRETARY OF CORPORATION  
DIVISION OF CORPORATION  
95 DEC -5 PM 2:39



ACCOUNT NO. : 072100000032

REFERENCE : 754542 80349A

AUTHORIZATION

COST LIMIT : \$ 140.00

*Patricia Pijut*

ORDER DATE : December 5, 1995

ORDER TIME : 11:50 AM

ORDER NO. : 754542

CUSTOMER NO: 80349A

CUSTOMER: James L. Turner, Esq  
WILLIAMS PARKER HARRISON DIETZ  
& GETZEN  
P.O. Box 0250

400001653464

Sarasota, FL 34236

DOMESTIC FILING

NAME: WAGS RETAIL ASSOCIATES, 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:

*12/5/95*  
*BK*

**CERTIFICATE OF LIMITED PARTNERSHIP  
OF  
WAGS RETAIL ASSOCIATES, LTD.  
A FLORIDA LIMITED PARTNERSHIP**

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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The undersigned General Partner, desiring to form a limited partnership pursuant to the Florida Revised Uniform Limited Partnership Act (1986) as set forth in Chapter 620, Part I, of the Florida Statutes, hereby states the following:

1. The name of the limited partnership is "Wags Retail Associates, Ltd."
2. The address of the office of the limited partnership is 2815 Proctor Road, Post Office Box 5335, Sarasota, Florida 34277.
3. The name and address of the agent for service of process on the limited partnership is Gulf Coast Property Services, Inc., at 2815 Proctor Road, Post Office Box 5335, Sarasota, Florida 34277.
4. The name and business address of the General Partner is:  
  
Gulf Coast Property Services, Inc.  
2815 Proctor Road  
Post Office Box 5335  
Sarasota, Florida 34277      H80044
5. The mailing address of the limited partnership is 2815 Proctor Road, Post Office Box 5335, Sarasota, Florida 34277.
6. The latest date upon which the limited partnership shall dissolve is December 31, 2015.

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.

IN WITNESS WHEREOF, this Certificate of Limited Partnership has been executed by the General Partner of Wags Retail Associates, Ltd., this the 4 day of December 1995.

GULF COAST PROPERTY SERVICES, INC., a  
Florida corporation

By: Thomas G. Dabney  
Thomas G. Dabney, President  
"General Partner"

**ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT**

Having been named as registered agent for Wags Retail Associates, Ltd., a Florida limited partnership (the "Partnership"), in the foregoing Certificate of Limited Partnership, the undersigned, on behalf of the Partnership, hereby agrees 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.

GULF COAST PROPERTY SERVICES, INC., a  
Florida corporation

By: Thomas G. Dabney Jr.  
Thomas G. Dabney, President  
"Registered Agent"

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DIVISION OF CORPORATIONS  
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### AFFIDAVIT OF CAPITAL CONTRIBUTIONS

STATE OF FLORIDA  
COUNTY OF SARASOTA

BEFORE ME, the undersigned authority, personally appeared Thomas G. Dabney, as President of Gulf Coast Property Services, Inc., a Florida corporation, which is the General Partner of Wags Retail Associates, Ltd., a Florida limited partnership, hereinafter referred to as the "Partnership," who, upon first being duly sworn, certified as follows:

1. The amount of capital contributions to the Partnership by the Limited Partners is \$990.00.
2. The amount of additional capital contributions anticipated to be contributed by the Limited Partners is \$--0--.

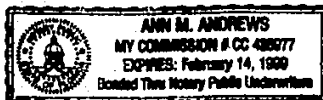
FURTHER AFFIANT SAYETH NAUGHT.

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

Thomas G. Dabney  
Thomas G. Dabney

SWORN TO AND SUBSCRIBED before me this 4 day of December 1995 by Thomas G. Dabney, who is personally known to me or who has produced \_\_\_\_\_ as identification. If no type of identification is indicated, the above-named person is personally known to me.

(Notary Seal)

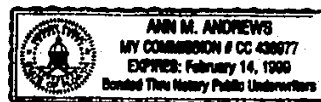


Ann M. Andrews  
Signature of Notary Public

Ann M. Andrews  
Print Name of Notary Public

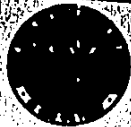
I am a Notary Public of the State of Florida,  
and my commission expires on 2/14/99.

JLT/dcp-141562



FILE ON OR BEFORE APRIL 1, 1996  
REVOCATION AND SURETY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1996



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

**FILED**  
96 MAR 25 AM 10:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

1. Name of Limited Partnership

WAGS RETAIL ASSOCIATES, LTD.

1a. DOCUMENT #  
A95000001870

Mailing Address

P.O. BOX 5335  
SARASOTA FL 34277

Principal Office Address

2015 PROCTOR ROAD  
SARASOTA FL 34277

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

3. Date Formed or Registered to Do Business in  
FLORIDA  
12/05/1995

3a. Date of Last Report

4. State or Country of Formation  
FL

5a. Capital Contributions as Shown  
on Record  
\$990.00

5b. Amount of Capital Contributions in  
FLORIDA to date

6. FEI Number

☒ Applied For  
☐ Not Applicable

7. CERTIFICATE OF STATUS REQUIRED

☐ \$15.00 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 607.103, 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 "b" 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

GULF COAST PROPERTY SERVICES, INC.  
2015 PROCTOR ROAD  
SARASOTA FL 34277

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)

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)

GULF COAST PROPERTY SERVICES

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

2015 PROCTOR ROAD

11b. City, State & Zip Code

SARASOTA FL 34277

11c. Registration/  
Document Number

H80044

**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 release 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

Thomas G. Walne - President

DATE

3.20.96

Typed or Printed Name of General Partner Signing Form

Telephone Number