A95000001946

CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL
Mailing Address: Post Office Box
TOLL FREE
FAX (904) 222-1222

____ of ____

Woodorf Family Limited Partnership

NAME
FIRM
ADDRESS

PHONE ( )

Service: Top Priority ______ Regular ______
One Day Service Two Day Service

To us via ______ Return via ______

Matter No.: ______ Express Mail No. ______

State Fee $ ______ Our $ ______

		C.C. FEE.	DISBURSED
	Capital Express℠		
	Art. of Inc. File		
	Corp. Record Search		
✓	Ltd. Partnership File		
	Foreign Corp. File		
✓	( ) Copy(s)		
	Art. of Amend. File		
	Dissolution/Withdrawal		
✓	C U S. 95		
	Fictitious Name File		
	Name Reservation		
	Annual Report/Reinstatement		
	Reg. Agent Service		
	Document Filing		
	Corporate Kit		
	Vehicle Search		
	Driving Record		
	Document Retrieval		
	UCC 1 or 3 File		
	UCC 11 Search		
	UCC 11 Retrieval		
	____ File No.'s, ____ Copies		
	Courier Service		
	Shipping/Handling		
	Phone ( )		
	Top Priority		
	Express Mail Prep.		
	FAX ( ) pgs.		

SUBTOTALS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 DEC 14 PM 12: 16

800001666008
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***1793.75 ***1793.75

RECEIVED

BJK 12/14/95

C. TAX	8.75
FILING	1750.00
R. AGENT FEE	35.00
C. COPY	
TOTAL	1793.75
N. BANK	
BALANCE DUE	
REFUND	

FEE	$
DISBURSED	$
SURCHARGE	$
TAX on corporate supplies	$
SUBTOTAL	$
PREPAID	$
BALANCE DUE	$
	$

REQUEST	TAKEN	CONFIRMED	APPROVED
DATE			
TIME			CK No.
BY	ABK		

WALK-IN
Will Pick Up 12-14 1200

Please remit invoice number with payment
TERMS: NET 10 DAYS FROM INVOICE DATE
1 1/2% per month on Past Due Amounts
Past 30 Days, 18% per Annum.

THANK YOU
from
Your Capital Connection

11-2129-7 POWERS INC. THOMASVILLE, GA

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 DEC 14 PM 12:36

CERTIFICATE OF LIMITED PARTNERSHIP AND AFFIDAVIT OF CAPITAL CONTRIBUTIONS

OF

WILLDORF FAMILY LIMITED PARTNERSHIP

We, the undersigned, pursuant to Florida law, do hereby certify and swear in this Certificate of Limited Partnership to the following:

1. NAME.

The name of the Limited Partnership is WILLDORF FAMILY LIMITED PARTNERSHIP.

2. MAILING ADDRESS.

The mailing address of the Limited Partnership is as follows:

1400 4th Avenue West
Bradenton, Florida 34205

3. PRINCIPAL OFFICE.

The location of the principal place of business of the Limited Partnership is as follows:

1400 4th Avenue West
Bradenton, Florida 34205

4. REGISTERED AGENT AND REGISTERED OFFICE.

The name and address of the agent for service of process is as follows:

RONALD E. WITT
1400 4th Avenue West
Bradenton, Florida 34205

5. PARTNERS.

The name and address of the General Partners are as follows:

MICHAEL E. WILLDORF
1904 78th Street Northwest
Bradenton, Florida 34209

SOPHIE WILLDORF
1904 78th Street Northwest
Bradenton, Florida 34209

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 DEC 14 PM 12:17

6. TERM OF PARTNERSHIP.

The latest date upon which the Limited Partnership is to be dissolved is December 31, 2025.

7. CAPITAL CONTRIBUTIONS.

The amount of capital contributions to date of the limited partnership is $10.00.

The total amount contributed and anticipated to be contributed by the limited partners at this time is $1,485,500.00.

IN WITNESS WHEREOF, the undersigned have executed this Certificate of Limited Partnership and Affidavit of Capital Contributions this 13th day of December, 1995.

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

Michael E. Willdorf
MICHAEL E. WILLDORF

Sophie Willdorf
SOPHIE WILLDORF

STATE OF FLORIDA

COUNTY OF MANATEE

The foregoing instrument was acknowledged before me, a Notary Public, in and for said County and State, by MICHAEL E. WILLDORF and SOPHIE WILLDORF, this 13th day of December, 1995, who are personally known to me or produced a DLA identification.

Notary Public

My Commission Expires:

RONALD E. WITT NOTARY PUBLIC STATE OF FLORIDA My Comm. Expires April 14, 1997 No. CC

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ACCEPTANCE BY REGISTERED AGENT

Having been appointed the Registered Agent of WILLDORF FAMILY LIMITED PARTNERSHIP, the undersigned accepts such appointment, agrees to act in such capacity and accepts the obligations imposed by Florida law.

DATED: December 13, 1995.

RONALD E. WITT

FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND $500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1996

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 DEC 22 AM 11:22

1. Name of Limited Partnership: WILLDORF FAMILY LIMITED PARTNERSHIP

1a. DOCUMENT # A95000001946

DO NOT WRITE IN THIS SPACE mtm

Mailing Address	Principal Office Address
1400 4th Ave. W. Bradenton, FL 34205	1400 4th Ave. W. Bradenton, FL 34205

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

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

3. Date Formed or Registered to Do Business in FLORIDA

3a. Date of Last Report: N/A

4. State or Country of Formation: Florida

5a. Capital Contributions as Shown on Record: $1,420,000.

5b. Amount of Capital Contributions in FLORIDA to date: $1,420,000.

6. FEI Number: X Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS REQUIRED ☐ [redacted]

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:
RONALD E. WITT
1400 4th Ave. W.
Bradenton, FL 34205

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 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) [signature] DATE 12/20/95

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
MICHAEL E. WILLDORF	1904 78th St. N.W.	Bradenton, FL 34209	
SOPHIE WILLDORF	1904 78th St. N.W.	Bradenton, FL 34209	

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-01/03/96--01127--019
****576.25 ****576.25

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)(i), 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 Michael E. Willdorf Sophie Willdorf DATE 12-20-95

Typed or Printed Name of General Partner Signing Form _____ Telephone Number _____

CR2E003 (6/95)