

A95000002009

ROGERS, TOWERS, BAILEY, JONES & GAY

(Requestor's Name)

106 South Monroe Street

(Address)

Tallahassee, FL 32301 222-7200

(City, State, Zip)

(Phone #)

(Pat)

000001668370
-12/22/95--01012--022
*****87.50 *****87.50

OFFICE USE ONLY

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

1. Spirit Fund, Ltd. (Corporation Name) (Document #)
2. _____ (Corporation Name) (Document #)
3. _____ (Corporation Name) (Document #)
4. _____ (Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 12/26

☐ Mail out ☐ Will wait ☐ Photocopy

☐ Certified Copy

☐ Certificate of Status

RECEIVED
95 DEC 22 PM 11:01
DIVISION OF CORPORATION

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 checked="" type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

*
Rtn. a filed stamped copy.

12/22/95a

FILED
95 DEC 22 PM 12:38
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Examiner's Initials

A95000002009

SPIRIT FUND, LTD.

CERTIFICATE OF LIMITED PARTNERSHIP

FILED
95 DEC 22 PM 12:38

SECRETARY OF STATE
TALLAHASSEE FLORIDA

The undersigned, desiring to form a limited partnership pursuant to the Florida Revised Partnership Act (1986), Part I, Chapter 620, Florida Statutes (the "Act"), does hereby certify as follows:

1. **Name.** The name of the limited partnership is as follows:

SPIRIT FUND, LTD.

2. **Address.** The principal place of business (and the address of the office at which the records prescribed by Section 620.106 of the Act shall be kept) and the mailing address for the limited partnership are as follows:

1620 Independent Square
Jacksonville, Florida 32202

3. **Registered Agent.** The name and address of: (i) the agent for service of process, required to be maintained by Section 620.105 of the Act, and (ii) the registered agent and registered office, required to be maintained by Section 620.192 of the Act, for the limited partnership is as follows:

J. Kirby Chritton
Rogers, Towers, Bailey, Jones & Gay, P.A.
1301 Riverplace Blvd., Suite 1500
Jacksonville, Florida 32207

4. **General Partners.** The names and business address of the general partners of the limited partnership are as follows:

Thad L. McNulty
1620 Independent Square
Jacksonville, Florida 32202

Trinity Capital of Jacksonville, Inc.
1620 Independent Square
Jacksonville, Florida 32202

5. **Termination.** The latest date upon which the limited partnership is to dissolve is December 31, 2015.

6. **Capital Contributions.** An affidavit declaring the amount of the capital contributions of the limited partners and the amount anticipated to be contributed by the limited partners is attached hereto.

WHEREFORE, this Certificate has been executed by the general partner of the limited partnership in accordance with Section 620.114 of the Act this 15th day of December, 1995.

Thad L. McNulty
Thad L. McNulty

TRINITY CAPITAL OF JACKSONVILLE, INC.

By:

Thad L. McNulty
Thad L. McNulty
President

95 DEC 22 PM 12:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

STATE OF FLORIDA

COUNTY OF DUVAL

The foregoing instrument was acknowledged before me this 15th day of December, 1995, by Thad L. McNulty, in his personal capacity and as the President of Trinity Capital of Jacksonville, Inc., a Florida corporation, on behalf of the corporation. Mr. McNulty is personally known to me, or has produced his Florida driver's license as identification.

Deloris H. Pope
Notary Public, State of Florida
Print Name DELORIS H. POPE

My Commission Expires: 6-14-96
My Commission Number is: CC206992

My Commission Expires: _____
My Commission Number is: _____



DELORIS H. POPE
My Comm Exp. 6/14/96
Bonded By Service Ins
No. CC206992
My Comm Exp. 6/14/96

SPIRIT FUND, LTD.

**ACCEPTANCE OF DESIGNATION AS REGISTERED AGENT
AND AGENT FOR SERVICE OF PROCESS**

The undersigned, having been designated the Agent for Service of Process, pursuant to Section 620.105, Florida Statutes, and Registered Agent, pursuant to Section 620.192, Florida Statutes, of **SPIRIT FUND, LTD.**, a limited partnership to be formed concurrently herewith under the Florida Revised Uniform Limited Partnership Act (1986), does hereby accept such designation and the obligations provided for in Section 620.105 and 620.192, Florida Statutes.


J. Kirby Chritton

Dated: December 15, 1995

FILED
95 DEC 22 PM 12:38
SECRETARY OF STATE
TALLAHASSEE FLORIDA

AFFIDAVIT REGARDING CAPITAL CONTRIBUTIONS

The undersigned, being the general partners of Spirit Fund, Ltd., a limited partnership formed under the Florida Revised Uniform Limited Partnership Act (1986), Part 1, Chapter 620, Florida Statutes (the "Act"), after being duly sworn hereby declare pursuant to Section 620.108 of the Act, as follows:

1. That Trinity Capital of Jacksonville, Inc., a Florida corporation, and Thad L. McNulty are the general partners of Spirit Fund, Ltd, Florida limited partnership (the "Partnership").

2. That the capital contributions of the limited partners of the Partnership and the amount anticipated to be contributed by the limited partners of the Partnership at the present time is \$100.00.

3. That this Affidavit is being given pursuant to the requirements of Section 620.108 of the Act.

Dated: December 15, 1995

Thad L. McNulty
Thad L. McNulty

TRINITY CAPITAL OF JACKSONVILLE
INC.

By: Thad L. McNulty
Thad L. McNulty
President

FILED
95 DEC 22 PM 12:38
TALLAHASSEE
SECRETARY OF STATE
FLORIDA

STATE OF FLORIDA

COUNTY OF DUVAL

The foregoing instrument was sworn to and subscribed before me this 15th day of December, 1995, by Thad L. McNulty, in his personal capacity and as President of Trinity Capital of Jacksonville, Inc., a Florida corporation. Mr. McNulty is known to me or has produced his Florida driver's license as identification.

Deloris H. Pope
Notary Public, State of Florida
Name: DELORIS H. POPE

My Commission Expires: 6-14-96
My Commission Number is: CC 206992



DELORIS H. POPE
My Comm Exp. 6/14/96
Bonded By Service Ins
No. CC206992
12/15/95 11:00 AM

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

LIMITED PARTNERSHIP

FLORIDA DEPARTMENT OF STATE

1a. DOCUMENT #

A95000002009

1. Name of Limited Partnership

SPIRIT FUND, LTD.

95 DEC 29 AM 1:35

SECRETARY OF STATE
TALLAHASSEE FLORIDA
DO NOT WRITE IN THIS SPACE.

Mailing Address

1620 Independent Square
Jacksonville, FL 32202

Principal Office Address

SAME AS MAILING
ADDRESS

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
December 22, 1995

3a. Date of Last Report
N/A

4. State or Country of Formation
Florida

5a. Capital Contributions as Shown
on Record:

\$100.00

5b. Amount of Capital Contributions in
FLORIDA to date:

\$100.00

6. FEI Number

X 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 607.193, 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.

\$191.25

MAKE CHECK PAYABLE TO FLORIDA DEPT. OF STATE.

9. Name and Address of Current Registered Agent

J. Kirby Chritton, Esq.
Rogers, Towers, Bailey, Jones & Gay, P.A.
1301 Riverplace Blvd., Suite 1500
Jacksonville, FL 32207

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)

DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY

11. Name(s) of General Partner(s)

Thad L. McNulty

Trinity Capital of
Jacksonville, Inc.

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

1620 Independent
Square

1620 Independent
Square

11b. City, State & Zip Code

Jacksonville, FL 32202

Jacksonville, FL 32202

11c. Registration/
Document Number

100001674811

-01/02/96--01030--007

125 ***191.25

P95000031299

AR - \$52.50
SF - \$138.75

12/29/95

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

BY: Missy Boney, Corporate Secretary

DATE December 28, 1995

Typed or Printed Name of General Partner Signing Form Trinity Capital of Jacksonville, Inc., Telephone Number (904) 355-7700

Inc., Corporate General Partner

CR2E003 (6/95)

A95000002009

ROGERS, TOWERS ET AL.

(Requestor's Name)

106 South Monroe St.

(Address)

Tallahassee, FL 32301 # 222-7200

(City, State, Zip)

(Phone #)

100001701541
-01/30/96--01092--012
***1750.00 ***1750.00

OFFICE USE ONLY

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 JAN 24 PM 1:39

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

1. Spirit Food, Ltd. (Corporation Name) A95000002009 (Document #)
2. _____ (Corporation Name) _____ (Document #)
3. _____ (Corporation Name) _____ (Document #)
4. _____ (Corporation Name) _____ (Document #)

☒ Walk in

☒ Pick up time -24

☐ 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"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

* Ba. a filed stamped copy.
Shanhu

G. TAX _____
FILING 1750.00
R. AGENT FEE _____
C. COPY _____
TOTAL 1750.00
N. BANK _____
BALANCE DUE _____
REFUND _____

Examiner's Initials MT

1/24/96

SUPPLEMENTAL AFFIDAVIT OF CAPITAL CONTRIBUTIONS
FOR SPIRIT FUND, LTD.

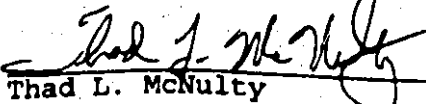
The undersigned, general partners of Spirit Fund, Ltd., a limited partnership, executed this supplemental affidavit filed pursuant to Section 620.176, Florida Statutes.

The total amount of the capital contributions of the limited partners ~~that is allocated for the purpose of transacting business in Florida~~ is \$ 7,345,896.

This 22nd day of January, 1996.

FURTHER AFFIANT SAYETH NOT.

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


Thad L. McNulty

**TRINITY CAPITAL OF JACKSONVILLE,
INC.**

By: 
Thad L. McNulty
President

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 JAN 24 PM 1:39

A95000002009

ROGERS, TOWERS, BAILEY, JONES & GAY

(Requestor's Name)

106 South Monroe Street

(Address)

Tallahassee, FL 32301 222-7200

(City, State, Zip)

(Phone #)

(Fax)

OFFICE USE ONLY

FILED
95 DEC 29 PM 1:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1. Spirit Food, A95000002009
(Corporation Name) (Document #)

2. Ltd.
(Corporation Name) (Document #)

3.
(Corporation Name) (Document #)

4.
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 12/29 ☐ 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 checked="" 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"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

* Rtn. a filed
stamped copy.
Thanks.

12/29/95 a

Examiner's Initials