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TALLAHASSEE, FL 32304  
904-222-9471  
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DIVISION OF CORPORATIONS

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PRACTICE HALL  
LEGAL & FINANCIAL SERVICES

A9500002039

ACCOUNT NO. : 072100000032

REFERENCE : 780775 12088A

AUTHORIZATION :

COST LIMIT : \$ PREPAID

ORDER DATE : December 22, 1995

ORDER TIME : 10:50 AM

ORDER NO. : 780775

CUSTOMER NO: 12088A

CUSTOMER: Thomas F. Kerney, Esq  
THOMAS F. KERNEY, ESQ

Suite 210  
1516 East Hillcrest Street  
Orlando, FL 32803

400001672934  
-12/28/95--01048--017  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

400001672934  
-12/28/95--01048--016  
\*\*\*\*\*420.00 \*\*\*\*\*420.00

DOMESTIC FILING

NAME: MEALEY FAMILY PARTNERSHIP,  
LTD.

ARTICLES OF INCORPORATION  
XX CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING

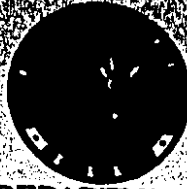
CERTIFIED COPY  
XX PLAIN STAMPED COPY  
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kelly Courtney

EXAMINER'S INITIALS

~~W9500002039~~  
A95-2039

Name	Availability
Document Examiner	GSH
Updater	GSH
Verifier	GSH
Acknowledgement	GSH
W. P. Verifier	GSH



**FLORIDA DEPARTMENT OF STATE**  
**Sandra B. Mortham**  
**Secretary of State**

**December 22, 1995**

**KELLY COURTNEY**  
**CSC NETWORKS**  
**TALLAHASSEE, FL**

**SUBJECT: MEALEY FAMILY PARTNERSHIP, LTD.**  
**Ref. Number: W95000024845**

**We have received your document for MEALEY FAMILY PARTNERSHIP, LTD. and check(s) totaling \$420.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):**

**There is a balance due of \$35.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.**

**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) 487-6920.**

**Ava Watson**  
**Corporate Specialist**

**Letter Number: 895A00055175**

**CERTIFICATE OF LIMITED PARTNERSHIP**

**MEALEY FAMILY PARTNERSHIP, LTD.**  
(A Florida Limited Partnership)

This Certificate of Limited Partnership, made and sworn to this 21<sup>st</sup> day of DECEMBER, 1995, by FIRST TEAM MANAGEMENT, INC., a Florida corporation, as General Partner of MEALEY FAMILY PARTNERSHIP, LTD., a Florida limited partnership. It is the intention of the General Partner that this Certificate create a Limited Partnership which complies with the Florida Revised Uniform Limited Partnership Act (1986).

1. Name of the Partnership. The name of the limited partnership is MEALEY FAMILY PARTNERSHIP, LTD. (the "Partnership").

2. Character of the Business. The purpose of the Partnership shall be to acquire, improve, manage and lease real and personal property, acquire and manage other business interests, including partnership interests and investment securities, and to carry on such other business as the Partners may from time to time desire.

3. Address for Service of Process and Mailing Address for Partnership. The address of the office of the partnership for service of process and the mailing address of the Partnership shall be 350 S. Lake Destiny Dr., Suite 200, Orlando, Florida 32810. The agent for service of process at such address shall be Donald C. Mealey.

4. Name and Business Address of the Partners. The General Partner is First Team Management, Inc., 350 S. Lake Destiny Dr., Suite 200, Orlando, Florida 32810. The Limited Partners are DONALD C. MEALEY, 350 S. Lake Destiny Dr., Suite 200, Orlando, Florida 32810, ELIZABETH JANET MEALEY, 350 S. Lake Destiny Dr., Suite 200, Orlando, Florida 32810, KEVIN MEALEY, 350 S. Lake Destiny Dr., Suite 200, Orlando, Florida 32810, JAY MEALEY, 350 S. Lake Destiny Dr., Suite 200, Orlando, Florida 32810, MARK MEALEY, 350 S. Lake Destiny Dr., Suite 200, Orlando, Florida 32810 and ROBERT MEALEY, 350 S. Lake Destiny Dr., Suite 200, Orlando, Florida 32810. J22375

5. Term of Partnership. The term of the Partnership shall commence upon filing of this Certificate of Limited Partnership with the Secretary of State of Florida and shall continue until December 31, 2044, unless earlier terminated, liquidated or dissolved.

6. Amount of Cash or Property Contributed by the Partners. The General Partner shall contribute One Thousand Dollars (\$1,000) to the capital of the Partnership. DONALD C. MEALEY, ELIZABETH JANET MEALEY, KEVIN MEALEY, JAY MEALEY, MARK MEALEY, and ROBERT MEALEY shall each contribute One Hundred Dollars (\$100) to the

capital of the Partnership.

7. Additional Contributions by Limited Partners. In accordance with the Partnership Agreement, it is anticipated that the Limited Partners will make additional contributions to the Partnership in the total amount of \$59,400.00.

GENERAL PARTNER:

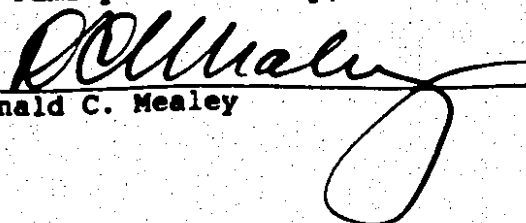
FIRST TEAM MANAGEMENT, INC.

By:

  
Donald C. Mealey, President

ACCEPTANCE OF APPOINTMENT OF REGISTERED AGENT

The undersigned hereby accepts the appointment to serve as the initial registered agent of Mealey Family Partnership, Ltd.

  
Donald C. Mealey

**AFFIDAVIT**

STATE OF FLORIDA  
COUNTY OF ORANGE

BEFORE ME, the undersigned authority, on this day personally appeared Donald C. Mealey, in his capacity as President of First Team Management, Inc., a Florida corporation, the General Partner, who, upon being duly sworn, deposes and says the total amount of capital contributed and anticipated to be contributed by the Limited Partners to Mealey Family Partnership, Ltd. is \$60,000.00.

FURTHER AFFIANT SAYETH NAUGHT.

GENERAL PARTNER:

FIRST TEAM MANAGEMENT, INC.

By:

Donald C. Mealey  
Donald C. Mealey, President

STATE OF FLORIDA  
COUNTY OF ORANGE

The foregoing instrument was sworn to and subscribed before me this 21ST day of DECEMBER, 1995 by Donald C. Mealey, as President of First Team Management, Inc., who is personally known to me or who has produced \_\_\_\_\_ as identification.

NOTARY PUBLIC

Thomas F. Kerney

THOMAS F. KERNEY  
Notary's Printed Name

Notary's Commission Expires:



THOMAS F. KERNEY  
My Commission CC288082  
Expires Jul. 25, 1997  
Bonded by HAI  
800-422-1886

FILE ON OR BEFORE APRIL 5, 1996 TO AVOID  
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1996



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

FILED

96 APR -1 PM 1:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Name of Limited Partnership

1a. DOCUMENT #  
**A95000002039**

**MEALEY FAMILY PARTNERSHIP, LTD.**

Mailing Address

**300 S. LAKE DESTINY DR., SUITE 300  
ORLANDO FL 32810**

Principal Office Address

**300 S. LAKE DESTINY DR., SUITE 300  
ORLANDO FL 32810**

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

**12/26/1995**

3a. Date of Last Report

4. State or Country of Formation

**FL**

5a. Capital Contributions as Shown  
on Record

**\$80,000.00**

5b. Amount of Capital Contributions in  
FLORIDA to date

6. FEI Number

☒ Appl. d 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 \$1,225 (\$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

1.) CHECK PAYABLE TO FLORIDA DEPT. OF STATE

9. Name and Address of Current Registered Agent

**MELEY, DONALD C  
350 S. LAKE DESTINY DR., SUITE 200  
ORLANDO FL 32810**

10. If changed, new Registered Agent/Office

Name: **J. Gregory Humphries, Esq.**

Street Address: P.O. Box Number Is Not Acceptable

**201 E. Pine St., Suite 701**

State, Apt. #, etc.

City: **Orlando**

Zip Code: **FL 32801**

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: **3/25/96**

**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)

**FIRST TEAM MANAGEMENT, INC.**

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

**350 S. LAKE DESTINY D**

11b. City, State & Zip Code

**ORLANDO FL 32810**

11c. Registration/  
Document Number

**J22375**

**600001776396  
-04/11/96--01028--024  
\*\*\*\*558.75 \*\*\*\*558.75**

*No ar dec*

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), Florida Statutes, 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 section 620.192, Florida Statutes.

SIGNATURE

DATE

**W. Warner Peacock**

Telephone Number

**407/660-2224**

Typed or Printed Name of General Partner Signing Form