

1000 HAYS STREET
TALLAHASSEE, FL 32304
904-222-9171
904-222-0391 FAX

800-342-8086

RECEIVED

95 DEC 29 AM 11:16

DIVISION OF CORPORATION

CSC networks

PRINCIPLE HALL
TALLAHASSEE, FL 32304

A95000002106

AUTHORIZATION :

COST LIMIT : \$ PREPAID

ORDER DATE : December 29, 1995

ORDER TIME : 10:06 AM

ORDER NO. : 787324

CUSTOMER NO: 5315A

CUSTOMER: Mr. Julio E. Castro Iii
TRENAM KEMKER SCHARF BARKIN
FRYE O'NEILL & MULLIS, P.A.
2700 Barnett Plaza
101 East Kennedy Boulevard
Tampa, FL 33602

600001678366
-01/04/96--01065--001
*****35.00 *****35.00

600001678366
-01/04/96--01065--002
***1802.50 ***1802.50

DOMESTIC FILING

NAME: ALLEN L. SHEER LIMITED
PARTNERSHIP I

FILED
95 DEC 29 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name Allydos ARTICLES OF INCORPORATION
Availability Dec CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

Document
Examiner XX 1 CERTIFIED COPY
EXPLAIN STAMPED COPY
Under CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kelly Courtney

EXAMINER'S INITIALS:

C. TAX

FILING

1785.00

52.50

R.

LA. FEE DUE

REFUND

A95000002106

TC \$385,000.00

SHEER FAMILY LIMITED PARTNERSHIP I

CERTIFICATE OF LIMITED PARTNERSHIP

The undersigned General Partner hereby signs this Certificate of Limited Partnership for the purpose of forming a limited partnership for profit in accordance with the laws of the State of Florida. This Certificate of Limited Partnership has been duly executed and is being filed in accordance with Section 620.108, Florida Statutes.

1. Name of the Partnership. The name of the Partnership shall be the Sheer Family Limited Partnership I.

2. Office and Mailing Address of the Partnership. The address of the office of the Partnership and the mailing address of the Partnership shall be 2815 Samara Drive, Tampa, FL 33618.

3. Agent for Service of Process. The name and address of the agent for service of process of the Partnership are as follows:

Allen L. Sheer
2815 Samara Drive
Tampa, FL 33618

4. Name and Business Address of General Partner. The name and business address of the General Partner are as follows:

Allen L. Sheer, as Trustee of the
Allen L. Sheer Revocable Trust,
U/A dated February 24, 1982
2815 Samara Drive
Tampa, FL 33618

5. Latest Date of Dissolution. The latest date on which the Partnership is to dissolve is December 31, 2035.

DATED this 28th day of December, 1995.

SHEER FAMILY LIMITED PARTNERSHIP I

By: Allen L. Sheer

Allen L. Sheer, TRUSTEE

"GENERAL PARTNER"

FILED
95 DEC 29 PM 4:00
TAMPA, FLORIDA

SHEER FAMILY LIMITED PARTNERSHIP I

ACCEPTANCE OF SERVICE AS REGISTERED AGENT

The undersigned, Allen L. Sheer, having been named as registered agent to accept service of process for the above-named Limited Partnership, at the registered office designated in the Certificate of Limited Partnership, hereby agrees and consents to act in that capacity.

DATED this 28th of December, 1995.



Allen L. Sheer

FILED
95 DEC 29 PM 3:00
SEC. OF STATE
TALLAHASSEE, FLORIDA

SHEER FAMILY LIMITED PARTNERSHIP I

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

The undersigned, Allen L. Sheer, as Trustee of the Allen L. Sheer Revocable Trust, U/A dated February 24, 1982, as amended, and as general partner of the Sheer Family Limited Partnership I, a Florida limited partnership, does hereby certify:

- 1 The amount of capital contributions to date of the limited partners is \$0.
2. The estimated fair market value of anticipated additional capital contributions of the limited partners is \$ 385,000.

Signed this 28th day of December, 1995.

FURTHER AFFIANT SAYETH NOT.

Under the penalties of perjury, I declare that I have read the foregoing and to the best of my knowledge and belief, the contents thereof and the facts stated herein are true and correct.

SHEER FAMILY LIMITED PARTNERSHIP I

By: Allen L. Sheer

Allen L. Sheer, TRUSTEE

STATE OF FLORIDA
COUNTY OF HILLSBOROUGH

BEFORE ME this 28 day of December, 1995, personally appeared ALLEN L. SHEER, who executed the foregoing instrument and who did (did not) take an oath, and who duly acknowledged the execution thereof to be his free and voluntary act for the uses and purposes therein mentioned.

WITNESS my hand and official seal this day and year first above written.



DON B. WEINBREN
My Commission CC387123
Expires Jul. 06, 1998
Bonded by ANB
800-852-5878

NOTARY PUBLIC:

Sign: Don B. Weinbren

Print: Don B. Weinbren

State of Florida at Large (Seal)

My Commission Expires:

Personally Known ☒ OR Produced Identification ☐
Type of identification produced _____

FILED
9 FEB -9 AM 8:32
SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT #
A95000002106

SHEER FAMILY LIMITED PARTNERSHIP I

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, if Applicable

Suite Apt # etc

700001713487

City, State & Zip

02/13/96-01089-010

2a. New Principal Office Address, if Applicable

Suite Apt # etc

City, State & Zip

Mailing Address

2815 Samara Drive
Tampa, FL 33618

Principal Office Address

2815 Samara Drive
Tampa, FL 33618

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
12/29/95

3a. Date of Last Report
N/A

4. State or Country of Formation
Florida

5a. Capital Contributions as Shown
on Record
\$385,000

5b. Amount of Capital Contributions in
FLORIDA to date
\$385,000

6. FEI Number

XX

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
MAKE CHECK PAYABLE TO FLORIDA DEPT. OF STATE

9. Name and Address of Current Registered Agent

Allen L. Sheer
2815 Samara Drive
Tampa, FL 33618

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 620.142, 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
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

Allen L. Sheer, as
Trustee of the Allen
L. Sheer Revocable
Trust, U/A dated
February 24, 1982

2815 Samara Dr.

Tampa, FL 33618

A95000002106

AR- \$437.50
SF- \$138.75

2-12-96

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

Allen L. Sheer

Allen L. Sheer, Trustee

DATE

1/30/96

Telephone Number

(813) 932-9400

Typed or Printed Name of General Partner Signing Form

CR2E003 (6/95)