

1201 HAYS STREET
TALLAHASSEE, FL 32301
904-231-9111
904-231-1111

800-342-8086

A9600000564



ACCOUNT NO. : 072100000032

REFERENCE : 892052 4323655

AUTHORIZATION :

COST LIMIT : % PREPAID

ORDER DATE : March 22, 1996

ORDER TIME : 10:55 AM

ORDER NO. : 892052

CUSTOMER NO: 4323655

CUSTOMER: Michael D. Annis, Esq
ANNIS MITCHELL COCKEY EMM/TALE
& ROEHM, P.A.
P. O. Box 3433
Tampa, FL 33601

000001757560
-03/26/96--01085--015
***1793.75 ***1793.75

FILING	17.50.00
R. AGENT FEE	35.00
C. COPY	6.75
TOTAL	1793.25
N. BANK	
BALANCE DUE	
REFUND	

DOMESTIC FILING

NAME: DOSS/GORMAN FAMILY LIMITED
PARTNERSHIP

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☒ CERTIFIED COPY
☐ PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: LORI JONES

EXAMINER'S INITIALS:

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 22 PM 2:23

RECEIVED
95 MAR 22 PM 1:28
DIVISION OF CORPORATION

3/22/96
B/K

**CERTIFICATE OF LIMITED PARTNERSHIP OF
DOSS/GORMAN FAMILY LIMITED PARTNERSHIP**

The undersigned hereby executes and swears to this Certificate of Limited Partnership for the purpose of forming a limited partnership under the laws of the State of Florida.

1. Name of Limited Partnership. The name of the Limited Partnership shall be DOSS/GORMAN FAMILY LIMITED PARTNERSHIP.

2. Address of Recordkeeping Office; Agent for Service of Process. The records to be kept pursuant to Section 620.106, Florida Statutes, shall be located at 521 9th Street West, Bradenton, Florida 34205, and the name of the Limited Partnership's agent for service of process at said address is MERCIA M. SHELDRIK.

3. Name and Business Address of the General Partner.

(a) The name and address of the General Partner is as follows:

<u>Name</u>	<u>Address</u>
Mercia M. Sheldrick	521 9th Street West Bradenton, Florida 34205

4. Mailing Address for the Limited Partnership. The mailing address for the Limited Partnership shall be 521 9th Street West, Bradenton, Florida 34205.

5. Term. The term for which the Limited Partnership is to exist shall be fifty (50) years from the filing of this Certificate in the Office of the Secretary of State of the State of Florida, unless sooner terminated in accordance with a Limited Partnership Agreement for the DOSS/GORMAN FAMILY LIMITED PARTNERSHIP.

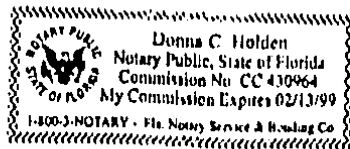
Dated this 20 day of March, 1996.

GENERAL PARTNER:

Mercia M. Sheldrick
MERCIA M. SHELDRIK

STATE OF FLORIDA
COUNTY OF Manatee

The foregoing instrument was acknowledged before me on this 20th day of March, 1996, by MERCIA M. SHELDRIK who is personally known to me or who has produced _____ as identification.



Donna C. Holden
NOTARY PUBLIC
Name: Donna C. Holden
Serial No. _____
My Commission Expires: _____

RECEIVED
CLERK OF SUPERIOR COURT
MANATEE COUNTY
MAR 22 1996

ACCEPTANCE BY REGISTERED AGENT

Having been named Registered Agent and designated to accept service of process for the within Limited Partnership, at the place designated herein, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.

Mercia M. Sheldrick
MERCIA M. SHELDRIK

5305-001-284909

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

I, MERCIA M. SHELDRIK, the general partner of the DOSS/GORMAN FAMILY LIMITED PARTNERSHIP, a Florida limited partnership, hereinafter referred to as the "Partnership," who, upon being sworn, certified as follows:

1. The limited partners have contributed \$ 1,378,857.50 of capital to the Partnership.

2. It is anticipated that no additional contributions shall be contributed by the limited partners in the future.

Dated this 20 day of March, 1996.

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

FURTHER AFFIANT SAYETH NOT.

GENERAL PARTNER:

Mercia M. Sheldrick
MERCIA M. SHELDRIK

STATE OF FLORIDA
COUNTY OF Manatee

The foregoing instrument was acknowledged before me this 20th day of March, 1996, by MERCIA M. SHELDRIK, as the General Partner of the DOSS/GORMAN FAMILY LIMITED PARTNERSHIP, a Florida limited partnership, on behalf of the limited partnership. She is personally known to me or produced as identification.

Donna C. Holden
NOTARY PUBLIC

Name: Donna C. Holden

Serial No. _____

My Commission Expires: _____

5305-001-284909.2

