

Requestor's Name
 Address
 City/State/Zip Phone #

Office Use Only

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

1. Salt Creek Partners (1996) Ltd
 (Corporation Name) (Document #)
2. _____
 (Corporation Name) (Document #)
3. _____
 (Corporation Name) (Document #)
4. _____
 (Corporation Name) (Document #)

- ☒ Walk in ☒ Pick up time _____ ☐ 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

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

5/13/96

Examiner's Initials

96 MAY 10 PM 3:05

96 MAY 13 PM 3:05

RECEIVED

96 MAY 13 AM 11:00

DIVISION OF CORPORATION

Call when Ready

CERTIFICATE OF LIMITED PARTNERSHIP

and

AFFIDAVIT OF CAPITAL CONTRIBUTION

SADDLEBROOK PARTNERS (1996), LTD.
A Florida Limited Partnership

The undersigned, acting as the registered agent of a limited partnership under the Florida Revised Uniform Limited Partnership Act, adopts the following certificate for such limited partnership, pursuant to s. 620.108 thereof, and states in connection therewith:

1. The name of the Partnership is **SADDLEBROOK PARTNERS (1996), LTD.**
2. The initial address of the Partnership's office shall be 2111 N. Monroe Street - Suite 203, Tallahassee, Florida, 32303, and the name of the agent for service of process at such address is H. Jay Mottice.
3. The name of the general partner is ^{896,600 4 0819} Saddlebrook (1996), Inc., and the business address of the general partner is 2111 N. Monroe Street - Suite 203, Tallahassee, Florida, 32303
4. The mailing address of the partnership is as shown in paragraph 3., above.
5. The last date upon which the Partnership shall dissolve is May 1, 2016, although this date may be altered pursuant to agreement.
6. In connection with the formation of this limited partnership, the amount of capital contributed to date is \$10, and such capital contribution from the limited partners shall not ultimately exceed \$1,250,000.

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

and

AFFIDAVIT OF CAPITAL CONTRIBUTION

Having been named as registered agent for the Partnership in the foregoing Certificate of Limited Partnership, I, H. J. Mottice, on behalf of the Partnership, hereby agree to accept the designation of registered agent and, further, to

accept any service of process for said Partnership and to comply with any and all Florida statutes relative to the complete and proper performance of the duties of registered agent for such Partnership. I similarly state that the amount shown above as the amount of capital contributed, and to be contributed by the limited partners is true and correct, to the best of my knowledge.

H. J. Mottice

H. Jay Mottice
SADDLEBROOK (1996), INC.

STATE OF FLORIDA
COUNTY OF LEON

The foregoing instrument was acknowledged before me this 10th day of May, 1996, by H. J. Mottice, who is personally known to me, or who has produced (Personally Known) as identification, and who did (did not) take an oath.

Lezlie D. Riffle
NOTARY PUBLIC

Lezlie D. Riffle
Name Printed or Typed

My Commission Expires

