

A96000001162
Foley, Candace
Requestor's Name

Address
222-6100
City/State/Zip Phone #

Office Use Only

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

1 _____ (Corporation Name) (Document #)
2 **KOSCHNICK INVESTMENTS** (Corporation Name) (Document #)
3 **LIMITED PARTNERSHIP** (Corporation Name) (Document #)
4 _____ (Corporation Name) (Document #)

☒ Walk in

☐ Mail out

☒ Pick up time **2:30**

☐ Will wait

☐ Photocopy

☐ Certified Copy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input checked="" 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

C. FAX
FILING 1400.00
R. AGENT FEE 25.00
C. COPY 52.00
TOTAL 1477.00
N. BANK
BALANCE DUE
DEFINITION

W. J. H. 10/28/96

6/20/96

Examiner's Initials BH

CERTIFICATE OF LIMITED PARTNERSHIP OF
KOSCHNICK INVESTMENTS LIMITED PARTNERSHIP
A Florida Limited Partnership

The undersigned general partner, desiring to form a limited partnership, pursuant to the Florida Revised Uniform Limited Partnership Act, Chapter 620, Florida Statutes, hereby states the following:

1. The name of the Partnership is Koschnick Investments Limited Partnership.
2. The address of the office of the Partnership is c/o Clifford Koschnick, 222 North Ocean Front, Jacksonville Beach, Florida 32250.
3. The name and address of the agent for service of process on the Partnership is Clifford Koschnick, 222 North Ocean Front, Jacksonville Beach, Florida 32250.

4. The name(s) and address(es) of the general partner(s) of the Partnership are as follows:

Clifford Koschnick
222 North Ocean Front
Jacksonville Beach, FL 32250

Sharon Daly Howard
222 North Ocean Front
Jacksonville Beach, FL 32250

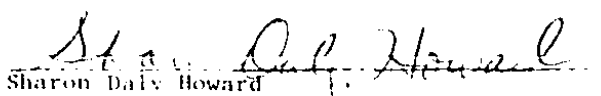
5. The mailing address of the Partnership is 222 North Ocean Front, Jacksonville Beach, Florida 32250.

6. The latest date upon which the Partnership shall dissolve is December 31, 2040.

The date of formation of the Partnership shall be the later of June 12, 1996 of filing of this Certificate with the Florida Department of State.

IN WITNESS WHEREOF, this Certificate of Limited Partnership has been executed by a general partner of the Partnership this 12 day of June, 1996.


Clifford Koschnick


Sharon Daly Howard

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been named as registered agent for Koschnick Investments Limited Partnership, a Florida limited partnership (the "Partnership") in the foregoing Certificate of Limited Partnership, I, Clifford Koschnick, on behalf of the Partnership, hereby agree to accept service of process for said Partnership and to comply with any and all Statutes relative to the complete and proper performance of the duties of registered agent.

REGISTERED AGENT

By:

Clifford Koschnick
Clifford Koschnick

RECEIVED
JAN 20 11 20 AM '05
CLERK OF COURT

STATE OF FLORIDA)
)
COUNTY OF DUVAL)

NOTARIAL PUBLIC
CLIFFORD KOSCHNICK
JUNE 20 1996

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned authority, personally appeared Clifford Koschnick, the general partner of Koschnick Investments Limited Partnership, a Florida limited partnership (the "Partnership"), who, being by me duly sworn, certified as follows:

1. There have been no capital contributions made by limited partners as of the date hereof.
2. Capital contributions of \$200,000 are anticipated to be made by the limited partners of the Partnership.

FURTHER AFFIANT SAYETH NOT.

The execution of this Affidavit by the undersigned constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

IN WITNESS WHEREOF, the undersigned has executed this Affidavit this 12th day of June, 1996.

Clifford Koschnick
Clifford Koschnick, General Partner

Sharon Daly Howard
Sharon Daly Howard, General Partner

STATE OF FLORIDA
COUNTY OF DUVAL

The foregoing instrument was acknowledged before me this 12th day of June, 1996, by Clifford Koschniek. Such person did not take an oath and: (notary must check applicable box)

- ☒ is/are personally known to me.
- ☐ produced a current Florida driver's license as identification.
- ☐ produced _____ as identification.

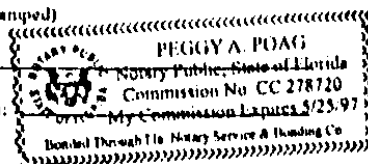
{Notary Seal must be affixed}

Peggy A. Poag
Signature of Notary

PEGGY A. POAG
Name of Notary (Typed, Printed or Stamped)

Commission Number (if not legible on seal):

My Commission Expires (if not legible on seal):



STATE OF FLORIDA
COUNTY OF DUVAL

The foregoing instrument was acknowledged before me this 15th day of June, 1996, by Sharon Daly Howard. Such person did not take an oath and: *(notary must check applicable box)*

- ☐ is/are personally known to me.
- ☒ produced a current Florida driver's license as identification.
- ☐ produced _____ as identification.

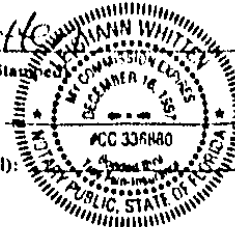
{Notary Seal must be affixed}

Leighann White
Signature of Notary

Leighann White
Name of Notary (Typed, Printed or Stamped)

Commission Number (if not legible on seal):

My Commission Expires (if not legible on seal):



NOTARY PUBLIC
STATE OF FLORIDA
JUN 20 PM 2:05