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TALLAHASSEE, FL 32301-2607

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A96000001612



PRESTIGE HALL
LEGAL & FINANCIAL SERVICE ACCOUNT NO. : 072100000032

REFERENCE : 071036 4323655

AUTHORIZATION :

COST LIMIT : \$ PREPAID

ORDER DATE : August 30, 1996

ORDER TIME : 10:01 AM

ORDER NO. : 071036

CUSTOMER NO: 4323655

CUSTOMER: Katherine Russell, Legal Asst
ANNIS MITCHELL COCKEY EDWARDS
& ROEHN, P.A.
Suite 2100
One Tampa City Center
Tampa, FL 33602

U. TAX	_____
FILING	1750.00
R. AGENT FEE	35.00
C. COPY C.V.S.	8.75
TOTAL	1823.75
N. BANK	_____
BALANCE DUE	_____
DEFIND	_____

900001939789
-09/05/96--01054--014
***1793.75 ***1793.75

DOMESTIC FILING

NAME: JOHN C. ELLIOTT FAMILY LIMITED PARTNERSHIP

EFFECTIVE DATE:

____ ARTICLES OF INCORPORATION
XX CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Daniel W Leggett

EXAMINER'S INITIALS:

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 AUG 30 PM 2:13

RECEIVED
96 AUG 30 AM 11:50
DIVISION OF CORPORATION

**CERTIFICATE OF
LIMITED PARTNERSHIP OF
JOHN C. ELLIOTT FAMILY LIMITED PARTNERSHIP**

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
AUG 30 PM 2:13**

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 Partnership.** The name of the Partnership shall be **JOHN C. ELLIOTT FAMILY LIMITED PARTNERSHIP.**

2. **Address of Recordkeeping Office; Agent for Service of Process.** The records to be kept pursuant to Florida Statute Section 620.106 shall be located at **2712 Barret Avenue, Plant City, Florida 33567-7250**, and the name of the Partnership's agent for service of process at said address is **John C. Elliott.**

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>
John C. Elliott	2712 Barret Avenue Plant City, Florida 33567-7250

4. **Mailing Address for the Limited Partnership.** The mailing address for the Limited Partnership shall be located at **2712 Barret Avenue, Plant City, Florida 33567-7250.**

5. **Term.** The term for which the 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 **JOHN C. ELLIOTT FAMILY LIMITED PARTNERSHIP.**

DATED this 28 day of August, 1996.

GENERAL PARTNER:

John C. Elliott
JOHN C. ELLIOTT

FILED STATE
SECRETARY OF CORPORATIONS
96 AUG 30 PM 2:13

STATE OF FLORIDA
COUNTY OF HILLSBOROUGH

The foregoing was acknowledged before me this 28th day of August, 1996, by **JOHN C. ELLIOTT**, who is personally known to me or who has produced FL DR LIC. E430-422-27-442-D as identification. Exp. 12-2-98



Carolyn Ann Kelley
NOTARY PUBLIC
Name: CAROLYN ANN KELLEY
Serial No. CC 327663
My Commission Expires: 12-3-97

3470-001-0312

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.



JOHN C. ELLIOTT

3470-001-0313046.01

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 AUG 30 PM 2:14

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 AUG 30 PM 3:14

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

I, JOHN C. ELLIOTT, as the general partner of JOHN C. ELLIOTT FAMILY LIMITED PARTNERSHIP, a Florida limited partnership hereinafter referred to as the "Partnership," who, upon being sworn, certifies as follows:

- 1. The limited partners have contributed \$1,000,000 of capital to the Partnership.
- 2. It is anticipated that no additional contributions shall be contributed by the limited partners in the future.

This 28 day of August, 1996.

FURTHER AFFIANT SA: ETH NOT.

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.

GENERAL PARTNER:

John C. Elliott
JOHN C. ELLIOTT

STATE OF FLORIDA
COUNTY OF HILLSBOROUGH

The foregoing instrument was acknowledged before me this 28th day of August, 1996, by JOHN C. ELLIOTT, who is personally known to me or who has produced FL DR LIC. E430-423-27-443-D as identification. Exp. 12-2-98



Carolyn Ann Kelley
NOTARY PUBLIC
Name: CAROLYN ANN KELLEY
Commission No. CC 327663
My Commission Expires: 12-3-97

3470-001-031