

A96000002047

David P. Clary
Requestor's Name
7688 County Rd. #104D
Address
Lady Lake, FL 32159
City/State/Zip Phone #

FILED
96 NOV -5 PM 3:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Office Use Only

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

1. Four C's 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

CM

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

200001991162--S
-10/30/96--01119--002
*****87.50 *****87.50

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

Examiner's Initials	
---------------------	--



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

FILED
96 NOV -5 PM 3: 20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

October 17, 1996

DAVID P. CLARY
7688 COUNTY ROAD 109D
LADY LAKE, FL 32159

SUBJECT: FOUR C'S LTD.
Ref. Number: W96000015042

We have received your document for FOUR C'S LTD. and check(s) totaling \$87.50. However, your check(s) and document are being returned for the following:

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Section 620.108, Florida Statutes, requires the certificate include the latest date upon which the partnership is to dissolve.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6025.

Cathy A Mitchell
Corporate Specialist

Letter Number: 996A00047610

**CERTIFICATE OF LIMITED PARTNERSHIP
OF**

1. FOUR C's Ltd.
(Name of Limited Partnership; must contain a suffix such as "Limited",
"Ltd.", or "Limited Partnership")
2. 7688 CR 109 D LADY LAKE, FL 32159
(Business address of Limited Partnership)
3. DAVID P. CLARY
(Name of Registered Agent for Service of Process)
4. 7688 CR 109 D LADY LAKE, FL 32159
(Florida street address for Registered Agent)
5. *David P. Clary*
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)
6. 7688 CR 109 D LADY LAKE, FL 32159
(Mailing Address of the Limited Partnership)
7. The latest date upon which the Limited Partnership is to be dissolved is 12/31/26.

8. Name of general partner(s):

Specific address:

DAVID P. CLARY

7688 CR 109 D LADY LAKE, FL 32159

MICHAEL T. CLARY

9608 175th ST COURT EAST, PUYALLUP, WA 98373

PAUL R. CLARY, JR.

15495 HALE DR. NEW FREEDOM, WA 98349

Signed this 7th day of August, 19 96.
Signature of all general partners:

David P. Clary
General Partner

Michael T. Clary
General Partner

Paul R. Clary, Jr.
General Partner

General Partner

General Partner

General Partner

FILED
96 NOV -5 PM 10:20
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

The undersigned constituting all of the general partners of

FOUR C'S Ltd., a Florida Limited Partnership.

The amount of capital contributions to date of the limited partners is \$ 178.00.

The total amount contributed and anticipated to be contributed by the limited partners at this time totals \$ 178.00.

FURTHER AFFIANT SAYETH NOT.

Under the penalties of perjury I (we) declare that I (we) have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Stan O. O'Clary
General Partner

Michael O'Clary
General Partner

Paul R. O'Clary
General Partner

General Partner

General Partner

General Partner

This 7th day of August, 19 96.

FILED
96 NOV - 8
PH 3:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A96000002047

100002102631--4

-03/03/97--01097--003

****191.25 *****35.00

2/28/97

CORPORATE DETAIL RECORD SCREEN

12:02 PM

NUM: A96000002047 ST: FL ACTIVE/FL LP

FLD: 11/05/1996

ACT CONT: 178.00

NAME : FOUR C'S LTD.

PRINCIPAL: 7688 CR 109D

ADDRESS LADY LAKE, FL 32159

RA NAME : CLARY, DAVID P

RA ADDR : 7688 CR 109D

LADY LAKE, FL 32159 US

ANN REP : * NONE FILED *

100002102631--4

-03/03/97--01097--004

*****17.50 *****17.50

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 FEB 28 PM 12:11

1. MENU, 3. PARTNERS

ENTER SELECTION AND CR:

A96-2047

Name	CR 2-28
Availability	
Document Examiner	CR
Updater	CR
Updater Verifier	CR
Acknowledgement	CR
W. P. Verifier	CR

FF \$52.50



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

January 28, 1997

FOUR C'S LTD.
7688 CR 109D
LADY LAKE, FL 32159

SUBJECT: FOUR C'S LTD.
Ref. Number: A96000002047

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 FEB 28 PM 12:11

We have received your document for FOUR C'S LTD. and check(s) totaling \$191.25. However, your check(s) and document are being returned for the following:

You have indicated in block 5b or 8b on the document that the contributions of the limited partners have gone beyond what we currently have on file. A supplemental affidavit must be filed pursuant to chapter 620, Florida Statutes. The filing fee is based on the additional amount of contributions calculated at a rate of \$7 per \$1000 with a minimum filing fee of \$52.50 and a maximum filing fee of \$1750.

The fee to file the supplemental affidavit is \$52.50 and the fee to file the annual report is \$156.25. The total fee due for both filings is \$208.75. Please return the supplemental affidavit and the annual report together with the appropriate fee.

Please return your document, along with a copy of this letter, within 30 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6051.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

**SUPPLEMENTAL AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A
FLORIDA LIMITED PARTNERSHIP**

The undersigned general partners of FOUR C'S LTD
_____, a
Florida Limited Partnership, executed this supplemental affidavit filed pursuant to section 620.112,
Florida Statutes.

The total amount of the capital contributions of the limited partners is: \$ 725.00.

This 15 day of NOVEMBER, 19 97.

FURTHER AFFIANT SAYETH NOT.

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

General Partner(s)

David S. Clary
Michael J. Clary
Paul R. Clary

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 FEB 28 PM 12:11

FEES:

\$7 per \$1,000 based on the additional contributions
(Minimum \$52.50 - Maximum \$1,750.00)

A96000002047

APPLICATION FOR REFUND

Section 215.26, Florida Statutes, states in part: "Applications for refunds as provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment into the State Treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money.

Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section _____, Florida Statutes, I hereby apply for a refund of moneys I paid into the State Treasury, which are subject to refund. The following information is submitted to substantiate the claim.

THE INFORMATION IN THIS BOX WILL BE USED TO WRITE AND MAIL YOUR REFUND CHECK. PLEASE TYPE OR PRINT LEGIBLY.

Name:	<u>FOUR C'S, LTD.</u>	EIN or SS#:	<u>59-3388999</u>
Address:	<u>7688 CR 104D</u> <u>LADY LAKE, FL 32159</u>		
Amount:	<u>\$52.50</u>	Date Paid:	_____
Reason for Claim:	<u>Duplicate filing.</u>		
NAME: FOUR C'S LTD. Document #A96000002047			
Tammi Cline/Registration Section			
Certified true and correct this <u>6</u> day of <u>MARCH</u> , 19 <u>97</u>			
Signature <u>David P. Clary</u> DAVID P. CLARY			
* Must be completed if authority is other than Section 215.26, Florida Statutes.			

Do Not Write in This Box - For Agency Use Only	
Agency recommends approval of above claim and submits the following information to substantiate the claim:	
Amount of recommended refund \$ <u>52.50</u>	
The amount requested above was originally deposited into the State Treasury, as a part of the funds deposited on	
State Treasurer's Receipt No. <u>01071-001</u> dated <u>01/28/97</u>	
NAME OF ACCOUNT: <u>45202130001453000000000010000</u>	
Statutory Authority for Collection <u>620.0182</u>	
It is requested that payment be made from the following account:	
NAME OF ACCOUNT: <u>452021300014530000000022002000</u>	
Certified true and correct this _____ day of _____, 19 _____	
Department of State, Division of Corporations (Agency)	(Authorized Agency Signature and Title)