

A96000002156

Request for Information

Address _____

City/State/Zip _____ Phone # _____

100002018571--5

-12/03/96--01142--015

*****96.25 *****96.25

Office Use Only

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

1. _____ (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

IAA _____
FILING _____
R. AGENT FEE 52.50
C. COPY 75.00
TOTAL 96.25
BANK _____
BALANCE DUE _____
FILING _____

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 NOV 22 AM 10:26

FILED
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DIVISION OF CORPORATIONS
96 NOV 22 AM 10:30

11/22/96

Examiner's Initials

BK

CERTIFICATE OF LIMITED PARTNERSHIP
OF
WALTER DICKINSON, LTD.

FILED
SECRETARY OF CORPORATIONS
96 NOV 22 AM 10 3

In accordance with Chapter 620 of the Florida Statutes, one of the undersigned general partner(s) enters into this Certificate of Limited Partnership to form a limited partnership and states as follows:

1. The name of the limited partnership is:

WALTER DICKINSON, LTD.

2. The business address of the limited partnership is: 1

Independent Drive, Suite 2401, Jacksonville, Florida 32202.

3. The name of the Registered Agent for service of process is


EDWARD C. AKEL.

4. The Florida street address for the Registered Agent is:

1 Independent Drive, Suite 2301, Jacksonville, Florida 32202.

5. Signature of Registered Agent to accept designation as

Registered Agent for Service of Process:


EDWARD C. AKEL

6. The mailing address for the limited partnership is:

1 Independent Drive, Suite 2401
Jacksonville, Florida 32202.

7. The latest date upon which the limited partnership is to

dissolve is December 31, 2045.

8. The name and the street address of each general partner

are:

WALTER D. DICKINSON, as Trustee of the DECLARATION OF LIVING TRUST OF WALTER D. DICKINSON dated September 26, 1986, as amended, 1 Independent Drive, Suite 2401, Jacksonville, Florida 32202; and

WALTER DICKINSON MANAGEMENT, INC.
1 Independent Drive, Suite 2401
Jacksonville, Florida 32202

896000095679

9. An affidavit declaring the amount of the capital contributions of the Limited Partners and the amount anticipated to be contributed by the Limited Partners accompanies this Certificate of Limited Partnership.

Under penalties of perjury, each of the undersigned declares that the undersigned has read the foregoing and knows the contents thereof and that the facts stated herein are true and correct.

SIGNED this 18 day of November, 1996 by all general partners.

WALTER DICKINSON MANAGEMENT,
INC.

By Walter D. Dickinson
Walter D. Dickinson, President

(Corporate Seal)

Walter D. Dickinson
WALTER D. DICKINSON, as Trustee
of the DECLARATION OF LIVING
TRUST OF WALTER D. DICKINSON
dated September 26, 1986

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96 NOV 22 AM 10:31

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

The undersigned constituting all of the general partners of
WALTER DICKINSON, LTD., a Florida limited partnership, certify:

1. The amount of capital contributions to date of the limited
partners is \$98.00.

2. The total amount contributed and anticipated to be con-
tributed by the limited partners at this time totals \$98.00.

Under the penalties of perjury, each of the undersigned
declares that the undersigned has read the foregoing and knows the
contents thereof and that the facts stated herein are true and
correct.

SIGNED this 18 day of November, 1996.

WALTER DICKINSON MANAGEMENT,
INC.

By Walter D. Dickinson
Walter D. Dickinson, President

(Corporate Seal)

Walter D. Dickinson
WALTER D. DICKINSON, as Trustee
of the DECLARATION OF LIVING
TRUST OF WALTER D. DICKINSON
dated September 26, 1986

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STATE OF FLORIDA

COUNTY OF DUVAL

The foregoing instrument was sworn to, signed and acknowledged before me this November 18, 1996, by the General Partners by WALTER D. DICKINSON as Trustee of the DECLARATION OF LIVING TRUST OF WALTER D. DICKINSON dated September 26, 1986 and WALTER D. DICKINSON as President of WALTER DICKINSON MANAGEMENT, INC., a Florida corporation, on behalf of the corporation, / personally known to me or produced a Florida driver's license as identification and who personally appeared before me.

Gail Potevint
Notary Public, State of Florida
Print Name: _____
Commission No.: GAIL POTEVINT
My Commission Expires: Notary Public, State of Florida
My Comm. expires May 11, 1998
Comm. No. CC371422

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