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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

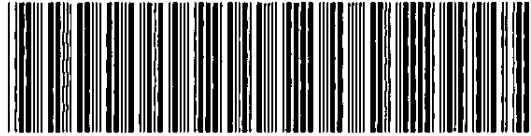
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## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

PINSON FAMILY PARTNERSHIP, LTD

Signature \_\_\_\_\_

Requested by: SETH

Name \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

Walk-In \_\_\_\_\_

Will Pick Up \_\_\_\_\_

\_\_\_\_\_ Art of Inc. File \_\_\_\_\_

\_\_\_\_\_ LTD Partnership File \_\_\_\_\_

\_\_\_\_\_ Foreign Corp. File \_\_\_\_\_

\_\_\_\_\_ L.C. File \_\_\_\_\_

\_\_\_\_\_ Fictitious Name File \_\_\_\_\_

\_\_\_\_\_ Trade/Service Mark \_\_\_\_\_

\_\_\_\_\_ Merger File \_\_\_\_\_

\_\_\_\_\_ Art. of Amend. File \_\_\_\_\_

\_\_\_\_\_ RA Resignation \_\_\_\_\_

\_\_\_\_\_ Dissolution / Withdrawal \_\_\_\_\_

\_\_\_\_\_ Annual Report / Reinstatement \_\_\_\_\_

\_\_\_\_\_ Cert. Copy \_\_\_\_\_

\_\_\_\_\_ Photo Copy \_\_\_\_\_

\_\_\_\_\_ Certificate of Good Standing \_\_\_\_\_

\_\_\_\_\_ Certificate of Status \_\_\_\_\_

\_\_\_\_\_ Certificate of Fictitious Name \_\_\_\_\_

\_\_\_\_\_ Corp Record Search \_\_\_\_\_

\_\_\_\_\_ Officer Search \_\_\_\_\_

\_\_\_\_\_ Fictitious Search \_\_\_\_\_

\_\_\_\_\_ Fictitious Owner Search \_\_\_\_\_

\_\_\_\_\_ Vehicle Search \_\_\_\_\_

\_\_\_\_\_ Driving Record \_\_\_\_\_

\_\_\_\_\_ UCC 1 or 3 File \_\_\_\_\_

\_\_\_\_\_ UCC 11 Search \_\_\_\_\_

\_\_\_\_\_ UCC 11 Retrieval \_\_\_\_\_

\_\_\_\_\_ Courier \_\_\_\_\_

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STATE  
SECRETARY OF  
TALLAHASSEE, FLORIDA  
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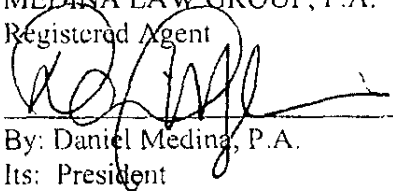
**AMENDED AND RESTATED CERTIFICATE OF LIMITED  
PARTNERSHIP OF PINSON FAMILY PARTNERSHIP, LTD.,  
A FLORIDA LIMITED PARTNERSHIP**

The undersigned General Partners, desiring to form a limited partnership pursuant to the Florida Revised Uniform Limited Partnership Act (1986), hereby state:

1. The name of the Partnership is PINSON FAMILY PARTNERSHIP, LTD. The Partnership filed a Certificate of Limited Partnership on December 24, 1996 ("Original Certificate"). The Original Certificate was executed and filed in accordance with Section 620.1202, Florida Statutes. The Partnership currently has an active registration on file with the Florida Department of State. This Amended and Restated Certificate of Limited Partnership ("Certificate of Limited Partnership") is being executed and filed in accordance with Section 620.1202, Florida Statutes.
2. The principal office of the Partnership is located at 402 South Kentucky Ave., Ste. 660, Lakeland, Florida 33801.
3. The name and address of the Registered Agent for the Partnership is Medina Law Group, P.A., 402 South Kentucky Ave., Ste. 660, Lakeland, Florida 33801.

I, Daniel Medina, as President of Medina Law Group, P.A., a natural person and a resident of Florida, on behalf of Medina Law Group, P.A., accept the appointment as Registered Agent of Pinson Family Partnership, Ltd. upon whom process notices, and demands may be served at the Registered Agent's address stated above. I understand that as Registered Agent, Medina Law Group, P.A.'s responsibilities are to receive service of process, to forward mail, and to immediately notify the Office of the Secretary of State of its resignation or of any changes in the Registered Office Address.

MEDINA LAW GROUP, P.A.  
Registered Agent

  
By: Daniel Medina, P.A.  
Its: President

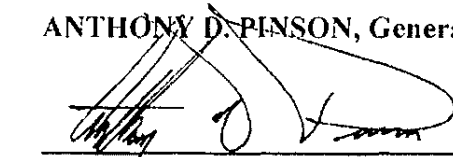
4. The names and business addresses of the general partners are:  
Anthony D. Pinson, 119 Wolfe Street, Alexandria, VA 22314; and  
Pinson Family Enterprises, LLC, a Florida limited liability company, whose address is 402 S. Kentucky Ave., Ste. 660, Lakeland, FL 33801.
5. The mailing address of the Partnership is 402 South Kentucky Ave., Ste. 660, Lakeland, Florida 33801.

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6. The Partnership shall continue its business in perpetuity.

IN WITNESS WHEREOF, this Certificate of Limited Partnership has been executed on behalf of the General Partners of PINSON FAMILY PARTNERSHIP, LTD. on this 5<sup>th</sup> day of April, 2017.

**ANTHONY D. PINSON, General Partner**

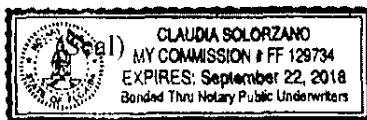
  
By: Anthony D. Pinson

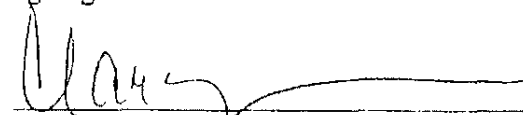
**PINSON FAMILY ENTERPRISES, LLC,  
General Partner**

  
By: Anthony D. Pinson  
Its: Manager

STATE OF FLORIDA       )  
                                      ) ss.  
COUNTY OF POLK       )

Acknowledged and subscribed before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, personally appeared Anthony D. Pinson, Manager of Pinson Family Enterprises, LLC, who is personally known to me, and subscribed by me to be the person described in and who executed the foregoing instrument.



  
Notary Public, State of Florida

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