

Akerman, Sontorfitt & Eldson, P.A.
Requestor's Name

A96000002513

P.O. Box 105
Address

Tallahassee FL 32302-2555 222-3471
City/State/Zip Phone #

Please call when ready -

Office Use Only

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

1. Scullion Family Partnership, Ltd.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #) 900002048839--2
-01/07/97--0111--018
***1837.50 ***1837.50

4. _____
(Corporation Name) (Document #)

☒ Walk in

☐ Mail out

☒ Pick up time ASAP

☐ Will wait

☐ Photocopy

☒ Certified Copy

☐ 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

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input checked="" type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

J. 1AA
FILING 1752.00
R. AGENT FEE 25.00
C. COPY 52.50
TOTAL 1837.50
N. BANK
BALANCE DUE
RETURNED

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 DEC 31 AM 10:27

RECEIVED
96 DEC 31 AM 9:48
DIVISION OF CORPORATION

12/31/96

AKERMAN, SENTERFITT & EIDSON, P. A.

ATTORNEYS AT LAW

CITRUS CENTER
885 SOUTH ORANGE AVENUE
POST OFFICE BOX 831
ORLANDO, FLORIDA 32808-0831
(407) 843-7880
TELECOPY (407) 843-8810

December 30, 1996

VIA HAND DELIVERY

Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: SCULLION FAMILY PARTNERSHIP, LTD.

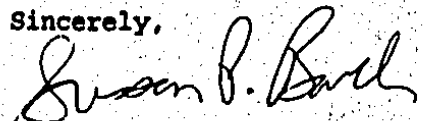
Dear Sir or Madam:

Enclosed please find the following documents relating to the above-referenced limited partnership:

1. Certificate of Limited Partnership;
2. Affidavit regarding capital contributions; and
3. Our firm check in the amount of \$1,837.50 to cover:
 - (a) \$1,750.00 for filing fee;
 - (b) \$52.50 for one certified copy of the Certificate of Limited Partnership;
 - (c) \$35.00 for appointment of registered agent.

Please file the enclosed documents and return to me a certified copy of the Certificate of Limited Partnership as soon as possible.

Sincerely,



Susan P. Barch, CLA
Certified Legal Assistant
For the Firm

/spb
Enclosures

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 DEC 30 AM 10:26

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 DEC 31 AM 10:27

CERTIFICATE OF LIMITED PARTNERSHIP
OF
SCULLION FAMILY PARTNERSHIP, LTD.

This Certificate of Limited Partnership is prepared and recorded in accordance with the provisions of the Uniform Limited Partnership Act as contained in Chapter 620 of the Florida Statutes.

1. The name of this Partnership is: **SCULLION FAMILY PARTNERSHIP, LTD.**

2. The location of the principal place of business of the Partnership shall be at: 18 San Marco Court, Palm Coast, Florida 32137 and the name and address of the agent for service of process is: William J. Scullion, 18 San Marco Court, Palm Coast, Florida 32137.

3. The name and business address of the general partner is as follows:

General Partner

William J. Scullion
18 San Marco Court
Palm Coast, Florida 32137

4. A mailing address for the Partnership is 18 San Marco Court, Palm Coast, Florida 32137.

5. The latest date upon which the Partnership is to dissolve is upon the occurrence of any of the following events:

a. the determination by all the Partners in the Partnership;

b. the withdrawal or deemed withdrawal as provided in the Partnership Agreement by, the last remaining General Partner and failure by the remaining Partners to elect to continue the Partnership and select a successor General Partner as provided in Section 7.2 of the Partnership Agreement;

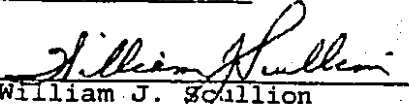
c. the disposition of all or substantially all of the Partnership assets;

d. the occurrence of an event specified under the laws of the State of Florida as one effecting a dissolution (except as otherwise provided in the Partnership Agreement);


e. midnight on December 31, 2046.

IN WITNESS WHEREOF, the undersigned have hereunto signed the foregoing Certificate of Limited Partnership this 30th day of December, 1996, and hereby affirm under the penalties of perjury that the facts stated therein are true.

GENERAL PARTNER



William J. Scullion



William J. Scullion
Registered Agent

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DIVISION OF CORPORATIONS
96 DEC 31 AM 10:27

AFFIDAVIT

STATE OF FLORIDA

COUNTY OF ORANGE

BEFORE ME, the undersigned authority, personally appeared **WILLIAM J. SCULLION** who, upon first being duly sworn, deposes and says:

1. That he is the general partner of **SCULLION FAMILY PARTNERSHIP, LTD.** and has the authority to make this Affidavit on its behalf.

2. That the amount of the capital contributions of the limited partners and the total amount anticipated to be contributed by the limited partners is \$1,600,163.73.

FURTHER AFFIANT SAYETH NOT.


WILLIAM J. SCULLION

General Partner

SWORN TO and SUBSCRIBED
before me this 30th day
of December, 1996.



SAMANTHA B. WIKAN
My Commission CC501836
Expires Oct. 15, 1999


NOTARY PUBLIC

Samantha B. Wikan #CC501836

Typed or Printed Name

Personally Known _____ OR

Produced Identification ☒

Type of ID Produced FL DRIVERS LICENSE

My commission expires: 10/15/99

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 DEC 31 AM 10:27