

Requestor's Name Tom McMullen  
 Address A96000002515  
 City/State/Zip \_\_\_\_\_ Phone # \_\_\_\_\_

Office Use Only  
 FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 DEC 31 AM 11:30

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

1. \_\_\_\_\_ (Corporation Name) (Document #)
2. \_\_\_\_\_ (Corporation Name) (Document #)
3. \_\_\_\_\_ (Corporation Name) (Document #)
4. \_\_\_\_\_ (Corporation Name) (Document #)

(12) CUS 17.50  
 FILING 52.50  
 R. AGENT FEE 35.00  
 C. COPY 52.50  
 TOTAL 157.50  
 N. BANK \_\_\_\_\_  
 BALANCE DUE \_\_\_\_\_  
 REFUND \_\_\_\_\_

- ☐ Walk in    ☐ Pick up time \_\_\_\_\_  
☐ Mail out    ☐ Will wait    ☐ Photocopy

- ☒ Certified Copy (1)  
☒ Certificate of Status (2)

EFFECTIVE DATE  
 12/31/94

| 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 type="checkbox"/>    | Limited Partnership |
| <input type="checkbox"/>    | Reinstatement       |
| <input type="checkbox"/>    | Trademark           |
| <input type="checkbox"/>    | Other               |

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 P96000010085  
 BRL 12/31/94

Examiner's Initials \_\_\_\_\_

# CERTIFICATE OF LIMITED PARTNERSHIP

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SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
96 DEC 31 AM 11:37

EFFECTIVE DATE  
12/97

1. Kossack Partners, Ltd.  
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")
2. 2112 North 15th Street, Suite 101 - Tampa, Florida 33605  
(Business address of Limited Partnership)
3. Michael D. Sparr  
(Name of Registered Agent for Service of Process)
4. 2112 North 15th Street, Suite 101 - Tampa, Florida 33605  
(Florida street address for Registered Agent)
5. [Signature]  
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)
6. 2112 North 15th Street, Suite 101 - Tampa, Florida 33605  
(Mailing Address of the Limited Partnership)

6A. The Partnership shall commence on January 2, 1997.

7. The latest date upon which the Limited Partnership is to be dissolved is: 12-31-2046

8. Name(s) of general partner(s):

Street address:

|                             |                                          |
|-----------------------------|------------------------------------------|
| <u>Richmond Group, Inc.</u> | <u>2112 North 15th Street, Suite 101</u> |
| <u></u>                     | <u>Tampa, Florida 33605</u>              |
| <u></u>                     | <u></u>                                  |
| <u></u>                     | <u></u>                                  |

Under 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.

Signed this 31st day of December, 19 96.

Signature of all general partners:

|                                                  |                 |
|--------------------------------------------------|-----------------|
| <u>Thomas J. McMullen, Jr.</u>                   | <u></u>         |
| General Partner                                  | General Partner |
| <u>Thomas J. McMullen, Jr.</u>                   | <u></u>         |
| President, Richmond Group, Inc., General Partner | General Partner |
| <u></u>                                          | <u></u>         |
| General Partner                                  | General Partner |

12/20/96

10146

CSC/PL&FB 984 222 8393

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96 DEC 31 AM 11:37

## AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR FLORIDA LIMITED PARTNERSHIP

The undersigned constituting all of the general partners of \_\_\_\_\_  
Kossack Partners, Ltd.

a Florida Limited Partnership, certify:

EFFECTIVE DATE  
12/27/96

The amount of capital contributions to date of the limited partners is \$ 100.00

The total amount contributed and anticipated to be contributed by the limited partners at this time  
totals \$ 100.00

Signed this 31st day of December, 19 96.

### 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.

*Thomas J. McMullen, Jr.*

General Partner

Thomas J. McMullen, Jr.  
President, Richmond Group, Inc., General Partner

General Partner

General Partner

General Partner

General Partner

General Partner