

CONTACT:

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(Address)

TALLAHASSEE FL 32301

(City, State, Zip)

(904) 681-6528

(Phone #)

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SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
97 OCT 20 PM 3:44

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

1

The Davidson's Cleaners Limited Liability Partnership

(Corporation Name)

(Document #)

400002326464-7

-10/22/97-01031-005

***1837.50 ***1837.50

2

(Corporation Name)

(Document #)

3

(Corporation Name)

(Document #)

4

(Corporation Name)

(Document #)

☒ Walk In

☐ Mail Out

☐ Will Wait

☐ Photocopy

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TOTAL

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REFOUND

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3.50 w

52.50

1837.50

☐ Certified Copy

☐ Certificate of Status

☐ Certificate of Good Standing

☐ ARTICLES ONLY

☐ ALL CHARTER DOCS

☐ Certificate of FICTITIOUS NAME

☐ FICTITIOUS NAME SEARCH

☐ CORP SEARCH

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

HOLD FOR
PICKUP BY
UCC SERVICES

Examiner's Initials



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

September 2, 1997

UCC FILING & SEARCH

TALLAHASSEE, FL

W970001617

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resubmitted

We have received your document for THE DAVIDSON'S CLEANERS LIMITED FAMILY PARTNERSHIP and check(s) totaling \$1837.50. However, your check(s) and document are being returned for the following:

The AFFIDAVIT is supposed to list the initial and total anticipated contributions of the LIMITED PARTNERS. We understand that a total of \$250,000.00 in property is being contributed to this partnership

But the AFFIDAVIT document that you have submitted refers to contributions by "MEMBERS" of a "COMPANY". Please reword your affidavit, and tell us 2 things -- 1. The initial limited partner contribution amount.; 2. The total anticipated limited partner contribution amount. Please eliminate all references to "MEMBERS" and a "COMPANY".

ALSO, the Certificate states the PRINCIPAL PLACE OF BUSINESS, which it must do, but it MUST ALSO state the partnership's MAILING ADDRESS.

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 (850) 487-6914.

Buck Kohr
Corporate Specialist

Letter Number: 497A00043704

9-22-97

We are re-submitting the enclosed documents with corrections per your request. Also attached is check.

S. Thomas Ullman

S. Thomas Ullman

/rr

Enclosures

S. THOMAS ULLMAN
ATTORNEY-AT-LAW
FLORIDA BAR BOARD CERTIFIED TAXATION ATTORNEY
FLORIDA BAR BOARD CERTIFIED ESTATE PLANNING AND PROBATE ATTORNEY
(941) 332-3719

2069 FIRST STREET, SUITE 306
FORT MYERS, FLORIDA 33901

POST OFFICE BOX 1589
FORT MYERS, FLORIDA 33902

October 17, 1997

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UCC Filing & Search Services
P.O. Box 6327
Tallahassee, FL 32314

Re: THE DAVIDSON'S CLEANERS LIMITED FAMILY PARTNERSHIP
W97000016117

Dear Sirs:

Enclosed herewith please find a corrected Affidavit of Capital Contributions for the subject Partnership. I trust this information is correct to meet the requirements.

If you have further concerns, please contact me.

Sincerely,

S. Thomas Ullman
S. Thomas Ullman
/tr

JOYCE

Enclosure

681-6528

CERTIFICATE OF LIMITED PARTNERSHIP
OF
THE DAVIDSON'S CLEANERS LIMITED FAMILY PARTNERSHIP
A Florida Limited Partnership

The parties hereto do hereby certify that an Agreement was made effective the 21ST day of AUGUST, 1997, at LaBelle, Florida, by the following, herein called "General Partners":

BEAUFORD E. DAVIDSON and JANIS L. DAVIDSON

and by the following, hereinafter referred to as "Limited Partners":

Beauford E. Davidson and Janis L. Davidson, as Co-Trustees under the Beauford E. Davidson and Janis L. Davidson Joint Revocable Living Trust Agreement dated 2-3-97

Craig Davidson
Lawrence Davidson

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W I T N E S S E T H :

The parties hereto, on the date described above, formed a Limited Partnership pursuant to the provisions of the Florida State Limited Partnership Act.

1. Name. The name of this Limited Partnership is, THE DAVIDSON'S CLEANERS LIMITED FAMILY PARTNERSHIP.

2. Business. The general character of the Limited Partnership business shall be to hold, develop and lease real estate and equipment, engage in a dry cleaning business, and conduct a general business as thereto related.

3. Principal Place of Business. The location and mailing address of the principal place of business of the Limited Partnership is 325 N. Bridge Street, LaBelle, Florida, 33935.

4. Registered Agent. The registered agent for service for this Limited Partnership is Beauford E. Davidson. His address is: 325 N. Bridge Street, LaBelle, FL 33935.

5. The Partners. The General Partners and Limited Partners of this Limited Partnership are as follows:

GENERAL PARTNERS

Beauford E. Davidson, General Partner

Janis L. Davidson, General Partner

PLACE OF RESIDENCE

P.O. Box 401
LaBelle, FL 33975

Same as above

LIMITED PARTNERS

Craig Davidson

Lawrence Davidson

Beauford E. Davidson and Janis L. Davidson
Co-Trustees under Revocable Living Trust
Agreement dated 2-3-97

P.O. Box 401
LaBelle, FL 33975

Same as above

Same as above

6. Term. The Limited Partnership shall begin on the 1st day of July, 1997, and shall continue for twenty-five (25) years thereafter unless sooner dissolved by law or by agreement of the parties hereto or unless extended by a majority agreement of the Partners.

7. Additional Contributions. No additional contributions of the Limited Partners have been agreed upon.

8. Return of Contributions. No Limited Partner shall be entitled to withdraw or demand the return of any part of his capital contribution except upon dissolution of the Limited Partnership.

9. Profits. All annual net profits of the Limited Partnership shall be divided among the General and Limited Partners in the same proportions as the Partners' then capital interest accounts, unless retained for the Limited Partnership investment and business activities.

10. Assignments. A Limited Partner shall have the right to sell his interest in the Limited Partnership to another Limited Partner.

11. Additional Limited Partners. The General Partner may admit additional limited partners.

12. Priority Among Limited Partners. There is no priority of one Limited Partner

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over another as to the contributions or compensation by way of income.

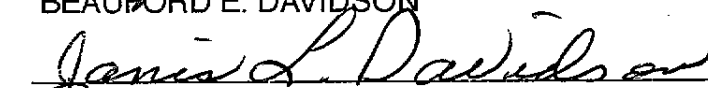
13. Continuance of Business. Upon the death, retirement or incapacity of the surviving General Partner, the Limited Partnership shall dissolve unless continued by the remaining Partners and selecting when necessary a new General Partner. If the last surviving or serving General Partner has died, retired and/or becomes incapacitated, then the Limited Partners holding interest in capital in excess of fifty percent (50%) of the capital owned by all Limited Partners may elect to continue the Limited Partnership by selecting a new General Partner.

14. Property Other Than Cash. A Limited Partner may not demand property other than cash in return for his contributions.

15. Property Contributed. The Partners in the Limited Limited Partnership have contributed their interest in the property as set forth in Schedule "A" attached hereto, with an agreed value of \$250,000.

GENERAL PARTNERS:


BEAUFORD E. DAVIDSON


JANIS L. DAVIDSON

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LIMITED PARTNERS:


CRAIG DAVIDSON


LAWRENCE DAVIDSON


BEAUFORD E. DAVIDSON, Co-Trustee under the Joint
Revocable Living Trust Agreement dated 2-3-97


JANIS L. DAVIDSON, Co-Trustee under the Joint
Revocable Living Trust Agreement dated 2-3-97

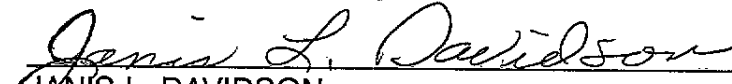
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SCHEDULE "A"

Attached to THE DAVIDSON'S CLEANERS LIMITED FAMILY PARTNERSHIP
dated the 21ST day of AUGUST, 1997:

GENERAL PARTNERS:


BEAUFORD E. DAVIDSON


JANIS L. DAVIDSON

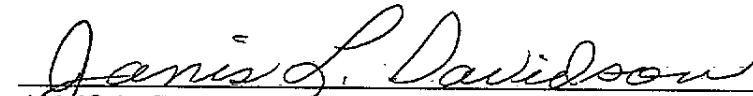
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LIMITED PARTNERS:


CRAIG DAVIDSON


LAWRENCE DAVIDSON



BEAUFORD E. DAVIDSON, Co-Trustee under the Joint
Revocable Living Trust Agreement dated 2-3-97


JANIS L. DAVIDSON, Co-Trustee under the Joint Revocable
Living Trust Agreement dated 2-3-97

STATE OF FLORIDA)
COUNTY OF HENDRY)

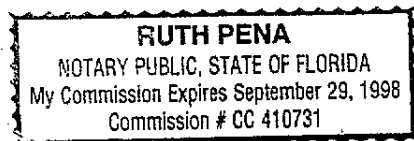
I HEREBY CERTIFY that on this day personally appeared before me, an officer duly authorized to administer oaths and take acknowledgments, BEAUFORD E. DAVIDSON, to me well known to be the person described in and who executed the foregoing instrument, and acknowledged before me that the same was executed freely and voluntarily for the purposes therein expressed.

WITNESS my hand and official seal at LaBelle, County of Hendry, and State of Florida, this 21st day of August, A.D., 1997.



Signature of Notary Public - State of Florida
RUTH PENA

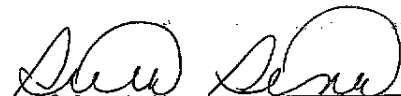
Printed Name of Notary
Personally Known ☒ or Produced Identification _____
Type of Identification Produced: _____



STATE OF FLORIDA)
COUNTY OF HENDRY)

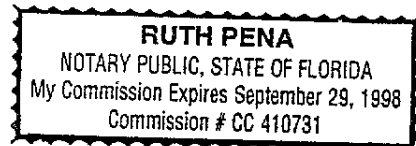
I HEREBY CERTIFY that on this day personally appeared before me, an officer duly authorized to administer oaths and take acknowledgments, JANIS L. DAVIDSON, to me well known to be the person described in and who executed the foregoing instrument, and acknowledged before me that the same was executed freely and voluntarily for the purposes therein expressed.

WITNESS my hand and official seal at LaBelle, County of Hendry, and State of Florida, this 21st day of August, A.D., 1997.



Signature of Notary Public - State of Florida
RUTH PENA

Printed Name of Notary
Personally Known ☒ or Produced Identification _____
Type of Identification Produced: _____



STATE OF FLORIDA)
COUNTY OF HENDRY)

I HEREBY CERTIFY that on this day personally appeared before me, an officer duly authorized to administer oaths and take acknowledgments, CRAIG DAVIDSON, to me well known to be the person described in and who executed the foregoing instrument, and acknowledged before me that the same was executed freely and voluntarily for the purposes therein expressed.

WITNESS my hand and official seal at LaBelle, County of Hendry, and State of Florida, this 21st day of August, A.D., 1997.



Signature of Notary Public - State of Florida

RUTH PENA

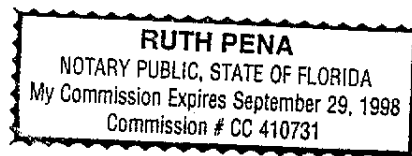
Printed Name of Notary

Personally Known ☒ or Produced Identification _____

Type of Identification Produced: _____

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STATE OF FLORIDA)
COUNTY OF HENDRY)



I HEREBY CERTIFY that on this day personally appeared before me, an officer duly authorized to administer oaths and take acknowledgments, LAWRENCE DAVIDSON, to me well known to be the person described in and who executed the foregoing instrument, and acknowledged before me that the same was executed freely and voluntarily for the purposes therein expressed.

WITNESS my hand and official seal at LaBelle, County of Hendry, and State of Florida, this 21st day of August, A.D., 1997.



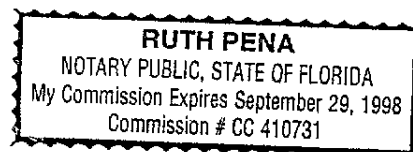
Signature of Notary Public - State of Florida

RUTH PENA

Printed Name of Notary

Personally Known ☒ or Produced Identification _____

Type of Identification Produced: _____



AFFIDAVIT OF CAPITAL CONTRIBUTIONS

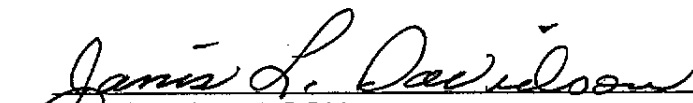
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COUNTY OF HENDRY**

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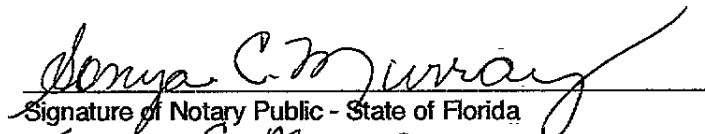
We, BEAUFORD E. DAVIDSON and JANIS L. DAVIDSON, being duly sworn, do hereby certify that the following facts are true and correct, to the best of our knowledge:

1. That we are General Partners of The Davidson's Cleaners Limited Family Partnership.
2. That the value of cash contributed by the Limited Partners to the Partnership is zero.
3. That the amount of capital contributions to date of the Limited Partners is \$250,000.
4. That no further contributions to capital are anticipated.


BEAUFORD E. DAVIDSON, General Partner


JANIS L. DAVIDSON, General Partner

SWORN to and subscribed before me this 8th day of October, 1997.


Signature of Notary Public - State of Florida
Sonya C. Murray

Printed Name of Notary

Personally Known ☒ or Produced Identification ☐

Type of Identification Produced: _____

