

HOLLAND & KNIGHT

Requestor's Name

31 SOUTH GULFVIEW STREET

Address

Tallahassee, Florida 32301

City/State/Zip

Phone #

224-7000

Office Use Only

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

1. Ivybrook Partnership, LTD.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

900002330135
-10/27/97-01068-002
***1837.50 ***1837.50

☒ Walk in

☐ Mail out

☒ Pick up time 4:00

☐ Will wait

☐ Photocopy

☒ Certified Copy

☐ Certificate of Status

NEW FILINGS	
☐	Profit
☐	NonProfit
☐	Limited Liability
☐	Domestication
☐	Other

AMENDMENTS	
☐	Amendment
☐	Resignation of R.A., Officer/ Director
☐	Change of Registered Agent
☐	Dissolution/Withdrawal
☐	Merger

OTHER FILINGS	
☐	Annual Report
☐	Fictitious Name
☐	Name Reservation

REGISTRATION/ QUALIFICATION	
☐	Foreign
☒	Limited Partnership
☐	Reinstatement
☐	Trademark
☐	Other

C. TAX FILING 1750.00
R. AGENT FEE 35.00
C. COPY 52.50
TOTAL 1837.50
N. BANK _____
BALANCE DUE _____
REFUND _____

Examiner's Initials

FILED
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
97 OCT 23 PM 12:51

FILED
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
97 OCT 23 PM 12:51 RECEIVED

97 OCT 23 AM 10:38

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
10/23

CERTIFICATE OF LIMITED PARTNERSHIP

The undersigned general partner represents that it has formed a limited partnership pursuant to the Florida Revised Uniform Limited Partnership Act (the "Act"), and that it has executed this Certificate of Limited Partnership pursuant to the foregoing Act and states herein as follows:

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CLERK OF COURTS
STATE OF FLORIDA
JAN 23 PM 12:54

I. Name

The name of the limited partnership is the IVYBROOK PARTNERSHIP, LTD.

II. Records of the Partnership

The address of the office in Florida at which place the records of the partnership shall be maintained is as follows:

2311 Lila Lane
Tampa, Florida 33629

III. Registered Agent

The address of the registered office of the partnership and the name of the registered agent for service of process located at that office is as follows:

Intrasate Registered Agent Corporation, Inc.
701 Brickell Avenue, Suite 3000
Miami, Florida 33131

IV. General Partner

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

Jimar, Inc. 212005
2311 Lila Lane
Tampa, Florida 33629

V. Mailing Address

The mailing address of the partnership is as follows:

c/o Jimar, Inc.
P.O. Box 10037
Tampa, Florida 33679-0037

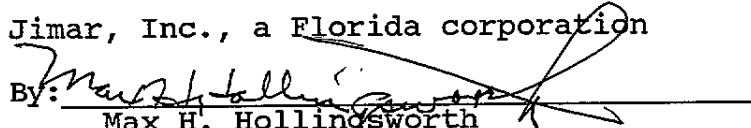
VI. Dissolution

The latest date on which the partnership is to dissolve is December 31, 2047.

WHEREFORE, the undersigned, the General Partner of the partnership, has executed this Certificate of Limited Partnership on October 21, 1997.

GENERAL PARTNER:

Jimar, Inc., a Florida corporation

By: 

Max H. Hollingsworth

Title: President

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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LIMITED PARTNERSHIP REGISTERED AGENT DESIGNATION

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA AND NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

IN COMPLIANCE WITH SECTION 620.105, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED:

FIRST THAT Ivybrook Partnership, Ltd.

(Name of Limited Partnership)

WITH ITS PLACE OF BUSINESS AT 2311 Lila Lane, Tampa, Florida 33629

HAS NAMED Intrastate Registered Agent Corporation, Inc., a Florida corporation (Name of Registered Agent)

LOCATED AT 701 Brickell Avenue, Suite 3000, Miami, Florida 33131
(Street Address and Number of Building, Post
Office Box Addresses ARE NOT Acceptable)

CITY OF MIAMI, STATE OF FLORIDA, AS ITS AGENT TO ACCEPT SERVICE OF PROCESS WITHIN FLORIDA.

GENERAL PARTNER:

Jimar, Inc., a Florida corporation

By: Max H. Hollingsworth

Max H. Hollingsworth

Title: President

Date: October 21, 1997

Having been named to accept Service of Process for the above-stated Limited Partnership, at the place designated in this certificate, Intrastate Registered Agent Corporation, Inc., a Florida corporation, hereby agrees to act in this capacity, and further agrees to comply with the provisions of all statutes relative to the proper and complete performance of its duties, and accepts the duties and obligations of Section 620.192, Florida Statutes.

REGISTERED AGENT:

Intrastate Registered Agent Corporation,
Inc., a Florida corporation

By: Robert J. Grammig

Robert J. Grammig

Title: Vice President

Date: October 21, 1997

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SECRETARY OF STATE
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AFFIDAVIT OF CAPITAL CONTRIBUTIONS

I, Max H. Hollingsworth, having been sworn, hereby declare and certify that I am President of Jimar, Inc., a Florida corporation, which corporation is the sole general partner of Hollingsworth Family Partnership, Ltd., a Florida limited partnership (the "Partnership"), and that:

1. The amount of the initial capital contributions of the limited partners of the Partnership is \$-0-.
2. The total amount of capital anticipated to be contributed by the limited partners of the Partnership \$50,000,000.

This 21st day of October, 1997

FURTHER AFFIANT SAYETH NOT.

Under penalties of perjury, I declare that I have read the foregoing and the facts so stated are true and correct to the best of my knowledge and belief.

GENERAL PARTNER:

Jimar, Inc., a Florida corporation

By: Max H. Hollingsworth

Max H. Hollingsworth

Title: President

Date: October 21, 1997

STATE OF FLORIDA
COUNTY OF HILLSBOROUGH

I am a Notary Public authorized to administer oaths and to take acknowledgements in and for the state and county set forth above. The foregoing Affidavit of Capital Contributions was acknowledged, subscribed, and sworn to before me by Max H. Hollingsworth on this 21st day of October, 1997.

Personally Known ☒
Produced Identification _____
Type of Identification _____

Brian C. Sparks
Notary Public - State of Florida

Print Notary Name: _____

My Commission Number is: _____

My Commission Expires: _____



BRIAN C. SPARKS
MY COMMISSION # CC414724 EXPIRES
October 19, 1998
BONDED THRU TROY FAIR INSURANCE, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 OCT 23 PM 12:54