

A97000002325



**THE UNITED STATES
CORPORATION**
COMPANY

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 OCT 27 PM 4:12

ACCOUNT NO. : 072100000032

REFERENCE : 575280 88335A

AUTHORIZATION :

Patricia Pizit

COST LIMIT : \$ 1785.00

ORDER DATE : October 23, 1997

ORDER TIME : 12:01 PM

ORDER NO. : 575280-005

500002329445--2

CUSTOMER NO: 88335A

CUSTOMER: Mark F. Dahle, Esq
MARK F. DAHLE, ESQ

P.O. Box 6629

Lakeland, FL 33807-6629

DOMESTIC FILING

NAME: JAMES R. LOWRY, SR. FAMILY
LIMITED PARTNERSHIP

EFFECTIVE DATE:

☐ ARTICLES OF INCORPORATION
☒ CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Andrew Cumper

EXAMINER'S INITIALS:

KWM

RECEIVED
97 OCT 24 PM 1:14
DIVISION OF CORPORATION



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 OCT 27 PM 4:12

October 24, 1997

ANDREW CUMPER
CSC NETWORKS
TALLAHASSEE, FL

SUBJECT: JAMES R. LOWRY, SR. FAMILY LIMITED PARTNERSHIP
Ref. Number: W97000024295

We have received your document for JAMES R. LOWRY, SR. FAMILY LIMITED PARTNERSHIP and the authorization to debit your account in the amount of \$1785.00. However, the document has not been filed and is being returned for the following:

The AFFIDAVIT lists an INITIAL AMOUNT of limited partner contributions. It must do this. But it must also list a "TOTAL ANTICIPATED LIMITED PARTNER CONTRIBUTION AMOUNT."

If the partnership is anticipating additional contributions, it will be to its advantage to state that on the AFFIDAVIT, since it is already paying the MAXIMUM filing fee.

If no additional contributions are anticipated, a statement to that effect could simply be added.

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: 597A00051988

RESUBMIT
Please give original
submission date as file date.

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

CERTIFICATE OF LIMITED PARTNERSHIP
JAMES R. LOWRY, SR. FAMILY LIMITED PARTNERSHIP

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In accordance with Florida Statute §620.108, this Certificate of Limited Partnership shall be filed with the Department of State, State of Florida, setting forth the following:

1. Name. The name of this limited Partnership shall be JAMES R. LOWRY, SR. FAMILY LIMITED PARTNERSHIP.

2. Registered Agent and Addresses. The office and the name of the agent for service of process required to be maintained is as follows:

James R. Lowry, Sr.
825 Crepe Myrtle Circle
Apopka, Florida 32712

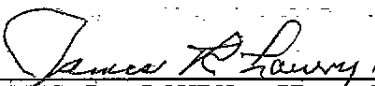
3. General Partner. The name and business address of the general partner is:

James R. Lowry, Sr.
825 Crepe Myrtle Circle
Apopka, Florida 32712

4. Mailing Address. The principal office and mailing address of the partnership is:

James R. Lowry, Sr.
825 Crepe Myrtle Circle
Apopka, Florida 32712

5. Termination Date. The latest date upon which the limited partnership is to dissolve is December 31, 2040.


JAMES R. LOWRY, SR. General Partner
and Registered Agent

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STATE OF FLORIDA)
)
COUNTY OF ORANGE)

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DIVISION OF CORPORATIONS

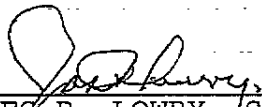
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**AFFIDAVIT OF CAPITAL CONTRIBUTIONS
FOR FLORIDA LIMITED PARTNERSHIP**

BEFORE ME, the undersigned authority, personally appeared
JAMES R. LOWRY, SR., known to me to be the General Partner of the
James R. Lowry, Sr. Family Limited Partnership, a Florida limited
partnership, who before me first duly sworn, declares as follows:

1. The amount of capital initially contributed to the
Partnership by the limited partners is Two Million Four Hundred
Seventy-five Thousand and no/100ths (\$2,475,000.00) Dollars.
No additional contributions anticipated.

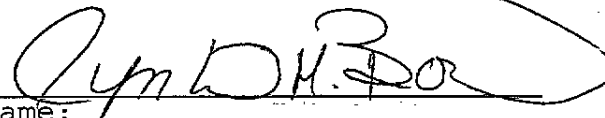
FURTHER THE AFFIANT SAITH NOT.



JAMES R. LOWRY, SR., General
Partner

STATE OF FLORIDA)
)
COUNTY OF ORANGE)

The foregoing instrument was acknowledged before me this 17
day of October, 1997, by JAMES R. LOWRY, SR., who is personally
known to me or who has produced a Florida Driver's license as
personal identification, and who did take an oath.



Name:
Notary Public, State of Florida
My Commission Expires:



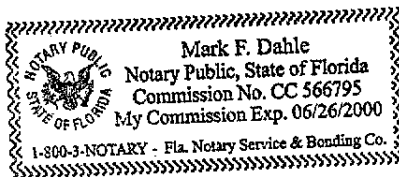
Cynthia M Bowen
My Commission CC562113
Expires Oct. 09, 2000

STATE OF FLORIDA)
COUNTY OF ORANGE)

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DIVISION OF CORPORATIONS

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The foregoing instrument was acknowledged before me this 2ND day of September, 1997, by JAMES R. LOWRY, SR., who is personally known to me or who has produced FL Driv. License as identification and who did take an oath.



Mark F. Dahle

Notary Public, State of Florida
My commission expires: