

A97000002363

FILING COVER SHEET

REFERENCE:

0163.853

DATE:

10-30-97

CONTACT:

CINDY HICKS

FROM:

CORPORATE & CRIMINAL RESEARCH SERVICES

103 N. MERIDIAN STREET

TALLAHASSEE, FL 32301

TELEPHONE:

222-1173

SUBJECT:

Schlman Family, Ltd.

STATE FEES PREPAID WITH CHECK #

1456

FOR \$

1,793.75

PLEASE FILE:

() ARTICLES OF INC.

() AMENDMENT

() DISSOLUTION

() ANNUAL REPORT

() QUALIFICATION

☒ LIMITED PARTNERSHIP

() ANNUAL REPORT

() FICTITIOUS NAME

() LIMITED LIABILITY

() REINSTATEMENT

() UCC-1

() UCC-3

PROVIDE US WITH:

() CERTIFIED COPY

() CERTIFICATE OF STATUS

☒ STAMPED COPY

Examiner's Initials

400002336734--1
-11/03/97--01141--012
***1793.75 ***1793.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 OCT 30 AM 11:09

RECEIVED
97 OCT 30 AM 10:16
DIVISION OF CORPORATIONS

G. TAX 75.00
R. AGENT FEE 1750.00
2. COPY 35.00
TOTAL 1760.00
V. BANK 8.75
BALANCE DUE 1768.75
REFUND

BK
10/30/97

CERTIFICATE OF
LIMITED PARTNERSHIP OF
SAHLMAN FAMILY, LTD.

The undersigned hereby executes and swears to this Certificate of Limited Partnership for the purpose of forming a limited partnership under the laws of the State of Florida.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 OCT 30 AM 11:09

1. Name of Partnership. The name of the Partnership shall be SAHLMAN FAMILY, LTD.

2. Address of Recordkeeping Office; Agent for Service of Process. The records to be kept pursuant to Florida Statute Section 620.106 shall be located at 1601 Sahlman Drive, Tampa, Florida 33605 and the name of the Partnership's agent for service of process at said address is Charles W. Sahlman.

3. Name and Business Address of the General Partner. The name and address of the General Partner is as follows:

<u>Name</u>	<u>Address</u>
Charles W. Sahlman	1601 Sahlman Drive Tampa, Florida 33605

4. Mailing Address for the Limited Partnership. The mailing address for the Limited Partnership shall be located at 1601 Sahlman Drive, Tampa, Florida 33605.

5. Term. The term for which the Partnership is to exist shall be fifty (50) years from the filing of this Certificate in the Office of the Secretary of State of the State of Florida, unless sooner terminated in accordance with a Limited Partnership Agreement for the SAHLMAN FAMILY, LTD.

DATED this 2nd day of October, 1997.

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
97 OCT 30 AM 11:09

GENERAL PARTNER:

Charles W. Sahlman
Charles W. Sahlman

ACCEPTANCE BY REGISTERED AGENT

Having been named Registered Agent and designated to accept service of process for the within Limited Partnership, at the place designated herein, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.

Charles W. Sahlman
Charles W. Sahlman

6354-001-407913

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 OCT 30 AM 11:00

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

I, Charles W. Sahlman, the sole general partner of the SAHLMAN FAMILY, LTD., a Florida limited partnership, hereinafter referred to as the "Partnership," who, upon being sworn, certifies as follows:

1. The limited partners have contributed \$ 2,300,000.00 of capital to the Partnership.

2. It is anticipated that \$ 100,000.00 of additional contributions may be contributed by the limited partners in the future.

This 2nd day of October, 1997.

FURTHER AFFIANT SAYETH NOT.

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

GENERAL PARTNER:

Charles W. Sahlman
Charles W. Sahlman

STATE OF FLORIDA
COUNTY OF HILLSBOROUGH

The foregoing instrument was acknowledged before me this 2nd day of October, 1997, by Charles W. Sahlman, as General Partner of the SAHLMAN FAMILY, LTD., on behalf of the limited partnership, who is personally known to me ~~or has produced~~ as identification.

Olin G. Shivers
NOTARY PUBLIC
Name: _____
Serial #: _____
My Commission Expires: _____

6354-001-407913



OLIN G. SHIVERS
MY COMMISSION # CC324737 EXPIRES
October 19, 1997
BONDED THRU TROY FAIR INSURANCE, INC.