

# A97000002854

CAPITOL SERVICES d/b/a  
PARALEGAL & ATTORNEY SERVICE BUREAU, INC.

(Requestor's Name)

1406 Hays Street, Suite 2

(Address)

Tallahassee, FL 32301 (904) 656-3992

(City, State, Zip)

(Phone #)

OFFICE USE ONLY

500002367225--1

-12/10/97--01001--002

\*\*\*1785.00 \*\*\*1785.00

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

1. Atpac Family Limited Partnership  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in

☒ Pick up time

12/9/97

☒ Certified Copy

☐ Mail out

☐ Will wait

*Stamped*  
☒ Photocopy

☐ Certificate of Status

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
97 DEC 26 PM 1:00

RECEIVED  
97 DEC -9 PM 2:11  
DIVISION OF CORPORATION

A97-2854

W97-27505

LP-1785

*GA*

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



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

December 9, 1997

CAPITAL SERVICES

TALLAHASSEE, FL 32301

SUBJECT: ATPAC FAMILY LIMITED PARTNERSHIP  
Ref. Number: W97000027505

We have received your document for ATPAC FAMILY LIMITED PARTNERSHIP and your check(s) totaling \$1785.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Every corporation, limited partnership, general partnership, limited liability company or trust listed as a general partner of a limited partnership, general partnership, or registered limited liability partnership must have an active registration/filing on file with this office before this filing will be completed. We are enclosing the appropriate instructions and/or forms for your convenience.

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) 487-6917.

Gretchen Harvey  
Corporate Specialist Supervisor

Letter Number: 697A00058044

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DIVISION OF CORPORATIONS  
97 DEC 26 PM 1:00

**CERTIFICATE OF LIMITED PARTNERSHIP  
OF  
ATLPAC FAMILY LIMITED PARTNERSHIP**

Pursuant to Partnership Laws, Chapter 620.108 of the Florida Statutes, ATLPAC

**FAMILY LIMITED PARTNERSHIP**, sets forth the following:

1. **NAME:** The name of the Limited Liability Company is ~~ATLPAC FAMILY~~  
**LIMITED PARTNERSHIP.**

2. **INITIAL REGISTERED AGENT:** The initial registered agent is George  
Cahoon, whose offices are at the place of business of the Limited ~~Liability Company~~<sup>Partnership</sup> and its  
registered office is 1115 Andarella Way, Vero Beach, Florida 32963.

3. **GENERAL PARTNER:** ATLPAC Corp, a Florida corporation, 1115  
Andarella Way, Vero Beach, Florida 32963. / D97000 108084

4. **LIMITED PARTNERSHIP'S MAILING ADDRESS:** 1115 Andarella Way,  
Vero Beach, Florida 32963.

5. **DURATION:** Until December 31, 2047.

**IN WITNESS WHEREOF**, the undersigned has executed this Certificate of Limited  
Partnership this 3<sup>rd</sup> Day of December, 1997.

**GENERAL PARTNER:**

ATLPAC Corp.  
a Florida Corporation

By:  
Its:

George E. Cahoon

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**CERTIFICATE OF DESIGNATION**  
**REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of section 620.105 Florida Statutes, the undersigned Limited Partnership, organized under the laws of the State of Florida, submits the following statement in designating the Registered Office/Registered Agent, in the State of Florida.

1. The name of the Limited Partnership is:

ATLPAC Family Limited Partnership.

2. The name and address of the Registered Agent and office is:

George Cahoon, 1115 Andarella Way, Vero Beach, Florida 32963.

GENERAL PARTNER  
ATLPAC Corp., a Florida corporation

By: George E. Cahoon  
its:  
Date: December 3, 1997

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED LIMITED PARTNERSHIP AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

Signature: George E. Cahoon  
George Cahoon

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**AFFIDAVIT OF CAPITAL CONTRIBUTIONS**

The undersigned consisting all of the general partners of ATLPA<sup>c</sup> Family limited Partnership, a Florida Limited Partnership, certify

:

The amount of capital contributions to date of the limited partners is \$ 260,000.00.

The total amount contributed and anticipated to be contributed by the limited partners at this time totals \$260,000.00.

Signed this 3<sup>rd</sup> Day of December, 1997.

**FURTHER AFFIANT SAYETH NOT.**

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.

ATLPAC Corp., a Florida Corporation  
General Partner

BY: George E. Cahoon  
its:

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