

A 98000000577 <sup>File 2nd</sup>

**FILING COVER SHEET**

REFERENCE:

0163.1742

DATE:

3-2-98

CONTACT:

CINDY HICKS

FROM:

CORPORATE & CRIMINAL RESEARCH SERVICES

103 N. MERIDIAN STREET

TALLAHASSEE, FL 32301

TELEPHONE:

222-1173

SUBJECT:

Ramseur Family Limited  
Partnership, Ltd

STATE FEES PREPAID WITH CHECK #

240

FOR \$

1,793.75

400002443704--4

-03/02/98--01027--022  
\*\*\*1793.75 \*\*\*1793.75

PLEASE FILE:

( ) ARTICLES OF INC.

( ) AMENDMENT

( ) DISSOLUTION

( ) ANNUAL REPORT

( ) QUALIFICATION

(X) LIMITED PARTNERSHIP

( ) ANNUAL REPORT

( ) FICTITIOUS NAME

( ) LIMITED LIABILITY

( ) REINSTATEMENT

( ) UCC-1

( ) UCC-3

PROVIDE US WITH:

( ) CERTIFIED COPY

(X) CERTIFICATE OF STATUS

(X) STAMPED COPY

Examiner's Initials

RECEIVED  
98 MAR -2 AM 10:05  
DIVISION OF CORPORATION  
b3l  
3/2/98

**CERTIFICATE OF  
LIMITED PARTNERSHIP OF  
RAMSEUR FAMILY LIMITED PARTNERSHIP**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
98 MAR -2 PM 3:23

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.

1. **Name of Partnership.** The name of the Partnership shall be **RAMSEUR FAMILY LIMITED PARTNERSHIP.**

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 **803 Ben Lomond Drive, Temple Terrace, Florida 33617**, and the name of the Partnership's agent for service of process at said address is **HENRY M. RAMSEUR.**

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

**Name**

Ramseur Enterprises, Inc.,  
a Florida corporation

**Address**

803 Ben Lomond Drive  
Temple Terrace, Florida 33617

4. **Mailing Address for the Limited Partnership.** The mailing address for the Limited Partnership shall be located at **803 Ben Lomond Drive, Temple Terrace, Florida 33617.**

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 **RAMSEUR FAMILY LIMITED PARTNERSHIP, LTD.**

DATED this 27<sup>th</sup> day of February, 1998.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
98 MAR -2 PM 3:23

**GENERAL PARTNER:**

**RAMSEUR ENTERPRISES, INC.**  
a Florida corporation

By: Henry M. Ramseur  
Henry M. Ramseur, President

**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.

Henry M. Ramseur  
**HENRY M. RAMSEUR**

6929-002-0489280.01

**AFFIDAVIT OF CAPITAL CONTRIBUTIONS**

FILED  
SECRETARY OF CORPORATIONS  
98 MAR -2 PM 3:22

I, **HENRY M. RAMSEUR**, in my capacity as the President of **RAMSEUR ENTERPRISES, INC.**, a Florida corporation, the sole general partner of **RAMSEUR FAMILY LIMITED PARTNERSHIP**, a Florida limited partnership, hereinafter referred to as the "Partnership," who, upon being sworn, certifies as follows:

1. The limited partners have contributed \$102,380.00 of capital to the Partnership.
2. It is anticipated that \$597,620.00 of additional contributions shall be contributed by the limited partners in the future.

This 27<sup>th</sup> day of February, 1998.

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:**

**RAMSEUR ENTERPRISES, INC.**  
a Florida corporation

By: Henry M. Ramseur  
Henry M. Ramseur, President

STATE OF FLORIDA  
COUNTY OF HILLSBOROUGH

The foregoing instrument was acknowledged before me this \_\_\_\_ day of February, 1998, by **HENRY M. RAMSEUR**, as President of **RAMSEUR ENTERPRISES, INC.**, a Florida corporation, the general partner of **RAMSEUR FAMILY LIMITED PARTNERSHIP**, on behalf of the limited partnership, who is personally known to me ~~or who has produced~~ \_\_\_\_\_ as identification and who did take an oath.

Olin G. Shivers  
NOTARY PUBLIC  
Name: Olin G. Shivers  
Commission No. \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_

6929-002-0489280.01



Olin G. Shivers  
MY COMMISSION # CC660227 EXPIRES  
October 19, 2001  
BONDED THRU TROY FAIR INSURANCE, INC.