## A9800000721 ROTH BLAIR ROBERTS STRASEELD & LODGE

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A LEGAL PROFESSIONAL ASSOCIATION

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OF COUNSEL: HERBERT H. PRIDHAM

RETIRED: EDWARD ROBERTS IERRY O. STEPHENS

February 11, 1998

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 300002432283--3 -02/17/98--01012-001 \*\*\*1837.50 \*\*\*1837.50

Re: THE J. D. MORRIS FAMILY LIMITED PARTNERSHIP

Dear Sir or Madam:

Enclosed is a Certificate of Limited Partnership and Affidavit of Capital Contribution for the above-captioned Limited Partnership. In addition, I have enclosed a check in the amount of One Thousand Eight Hundred Thirty-seven Dollars and Fifty Cents (\$1,837.50). This amount is to cover the filing fee and cost of a certified copy.

Please file the enclosed documents at your soonest convenience. Thereafter, please return the certified copy to me at the above-listed address.

If you should have any questions, please do not hesitate to call.

Cordially yours

Scott R. DeBonis

SRD/tis

Enclosures



## FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

February 19, 1998

SCOTT R. DEBONIS ROTH, BLAIR, ROBERTS, STRASFELD & LODGE 1100 BANK ONE BUILDING YOUNGSTOWN, OH 44503-1576

SUBJECT: THE J.D. MORRIS FAMILY LIMITED PARTNERSHIP

Ref. Number: W98000003711

We have received your document for THE J.D. MORRIS FAMILY LIMITED PARTNERSHIP and your check(s) totaling \$1837.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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) 487-6025.

Letter Number: 298A00009541

Cathy A Mitchell Corporate Specialist 98 MAR 17 PH 12: 38

## CERTIFICATE OF LIMITED PARTNERSHIP **FOR** THE J.D. MORRIS FAMILY LIMITED PARTNERSHIP

The undersigned, for the purpose of forming a Limited Partnership pursuant to Chapter 620 of the Florida Statutes, do hereby certify the following:

- 1. Name. The name of the partnership shall be THE J.D. MORRIS FAMILY LIMITED PARTNERSHIP.
- Address and Agent. The address of the office at which partnership records will be maintained is 5770 Midnight Pass Road, Unit 706-C, Sarasota, Florida 34242. The name and address of the agent for service of process is JOHN D. MORRIS, 5770 Midnight Pass Road, Unit 706-C, Sarasota, Florida 34242.
- General Partners. The name and address of each general partner at the time of formation of the partnership 3. are as follows:
  - JOHN D. MORRIS, of 5770 Midnight Pass Road, Unit 706-C, Sarasota, Florida 34242. a.
  - b. ELIZABETH J. MORRIS, of 5770 Midnight Pass Road, Unit 706-C, Sarasota, Florida 34242.
- Mailing Address. The mailing address of the partnership is THE J.D. MORRIS FAMILY LIMITED PARTNERSHIP, Unit 706-C, 5770 Midnight Pass Road, Sarasota, Florida 34242.
- Date of Dissolution. The latest date upon which the Limited Partnership is to be dissolved shall be December 31, 2027.
- Capital Contributions. An Affidavit declaring the amount of the capital contributions of the limited partners and the amount anticipated to be contributed by the limited partners shall be attached hereto.
- 7. Other Matters. None

IN WITNESS WHEREOF, we have he	ereunto set our hands this May of Muses	17958.	98 MAR	
Vitnesses: L. Cason	JOHN D. MORRIS, Géneral Partner	HASSEE, F	IR 17 PM	FILED
Print Name	ELIZABETH J. MORRIS, General Partner	LORIDA	12: 38	

STATE OF FLORIDA Before me appeared JOHN D. MORRIS and ELIZABETH J. MORRIS, known )SS: to me to be the persons whose names are subscribed to the within **COUNTY OF SARASOTA** instrument, and acknowledges that they executed the same for the purposes therein contained.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal.

**NOTARY PUBLIC** 

I, JOHN D. MORRIS, do hereby accept the appointment as Registered Agent for Service of Process for the J.D. FAMILY LIMITED PARTNERSHIP, as set forth above. Further, I acknowledge that I am familiar with and do hereby accept the obligations of this position.

ØHN D. MORRIS, Registered Agent

LINDA R. WIEGAND MY COMMISSION # CC366991 EXPIRES May 6, 1998 BONDED THRU THỐY FAIN INSURANCE, INC.

This Instrument Prepared By: Scott R. DeBonis, Esq. Roth, Blair, Roberts, Strasfeld & Lodge 1100 Bank One Building Youngstown, Ohio 44503

## AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR THE J.D. MORRIS FAMILY LIMITED PARTNERSHIP

STATE OF FloxIDA	)
COUNTY OF SUICEOFA	)SS:

We, the undersigned, general partners of the J.D. MORRIS FAMILY LIMITED PARTNERSHIP, a Florida Limited Partnership of 5770 Midnight Pass Road, Unit 706-C, Sarasota, Florida 34242, being first duly sworn, declare the following amounts to be the capital contributions of the limited partners and the amounts anticipated to be contributed by the limited partners:

Caultal Contribution	Anticipated <u>Capital Contribution</u>
<u>Capital Contribution</u> \$ 315,000.00	\$ 315,000.00
Sworn to this 4	day of <u>December</u> 1997.

D. Morris, General Partner

STATE OF FlorIDA )
SAME OF SAME SET ()SS:

Sworn to and attested before me, this 4+4 day of 1) Eccuser, 1997.

Elizabeth J. Morris, General Partner

NOTARY PUBLIC

