

Potey **A98000001123**
 Requestor's Name

Address
8778237

City/State/Zip Phone #

Office Use Only

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

1. St. John Family Limited Partnership
 (Corporation Name) (Document #)
2. _____
 (Corporation Name) (Document #)
3. _____
 (Corporation Name) (Document #)
4. _____
 (Corporation Name) (Document #)

SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 68 MAY - 6 PM 2:22

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
- ☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
☐	Profit
☐	NonProfit
☐	Limited Liability
☐	Domestication
☐	Other

AMENDMENTS	
☐	Amendment
☐	Resignation of R.A., Officer/ Director
☐	Change of Registered Agent
☐	Dissolution/Withdrawal
☐	Merger

OTHER FILINGS	
☐	Annual Report
☐	Fictitious Name
☐	Name Reservation

REGISTRATION/ QUALIFICATION	
☐	Foreign
☒	Limited Partnership
☐	Reinstatement
☐	Trademark
☐	Other

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 DIVISION OF CORPORATION

100002513591--3
 -05/06/98-01080-010
 ***1407.00 ***1407.00

Byk 5/6/98

CERTIFICATE OF LIMITED PARTNERSHIP

1. St. John Family Limited Partnership
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")
2. 8918 Sabal Industrial Blvd., Tampa, FL 33619
(Business address of Limited Partnership)
3. Garry W. St. John
(Name of Registered Agent for Service of Process)
4. 8918 Sabal Industrial Blvd., Tampa, FL 33619
(Florida street address for Registered Agent)
5. 
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)
6. 8918 Sabal Industrial Blvd., Tampa, FL 33619
(Mailing Address of the Limited Partnership)

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7. The latest date upon which the Limited Partnership is to be dissolved is: December 31, 2048

8. Name(s) of general partner(s): _____ Street address: _____

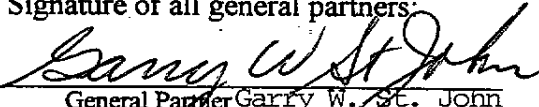
Garry W. St. John 8918 Sabal Industrial Blvd., Tampa, FL 33619

Sharon M. St. John 8918 Sabal Industrial Blvd., Tampa, FL 33619

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.

Signed this 1st day of May, 19 98

Signature of all general partners:


General Partner Garry W. St. John


Sharon M. St. John General Partner

General Partner

General Partner

General Partner

General Partner

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

The undersigned constituting all of the general partners of St. John Family Limited
Partnership

a Florida Limited Partnership, certify:

The amount of capital contributions to date of the limited partners is \$ 10,290

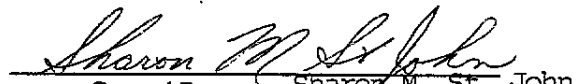
The total amount contributed and anticipated to be contributed by the limited partners at this time
totals \$ 196,000

Signed this 1st day of May, 19 98

FURTHER AFFIANT SAYETH NOT.

*Under the 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.*


General Partner Garry W. St. John


General Partner Sharon M. St. John

General Partner

General Partner

General Partner

General Partner

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