100001134 Address Phone # City/State/Zip Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) Certified Copy Pick up time Certificate of Status Photocopy Will wait Mail out **AMENDMENTS** Amendment Resignation of R.A., Officer/Director NonProfit_ Change of Registered Agent Dissolution/Withdrawal O Domestication Merger Other REGISTRATION/ OTHER FILINGS OUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark Other

Examiner's Initials



RECEIVED

S8 MAY -7 PM 2: 19

Sandra B. Mortham Secretary of State

May 7, 1998

SUNSTATE RESEARCH

TALLAHASSEE, FL

SUBJECT: CHARLOTTE LAND LIMITED PARTNERSHIP

Ref. Number: W98000010354

We have received your document for CHARLOTTE LAND LIMITED PARTNERSHIP and your check(s) totaling \$140.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

On the Affidavit, Items 2 and 3 should make reference to contributions by the "LIMITED PARTNERS", not just by the "PARTNERS."

ALSO, please add the word "ADDITIONAL" at the beginning of the sentence in Item 3. It should start with "ADDITIONAL CAPITAL CONTRIBUTIONS . . . "

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) 487-6914.

Buck Kohr Corporate Specialist

Letter Number: 198A00025315



WHEREAS, the undersigned, desires to form a limited partnership (to be known as "CHARLOTTE LAND LIMITED PARTNERSHIP") pursuant to the provision of a Limited Partnership Agreement.

WHEREAS, the undersigned hereby makes, acknowledges and files with the Secretary of State of Florida the Certificate of Limited Partnership for the purpose of forming, pursuant to the aforesaid Limited Partnership Agreement, a limited partnership in accordance with the laws of the State of Florida.

NOW, THEREFORE, the undersigned hereby certifies as follows:

- 1. Name of Partnership: The name of the Partnership shall be CHARLOTTE LAND LIMITED PARTNERSHIP.
- 2. Office and Agent for Service of Process: The recordkeeping office for the Partnership shall be 1924 33rd Street, Orlando, FL 32839. The agent for the service of process is J. Gregory Humphries and his address is 20 N. Orange Ave., Suite 1000, Orlando, Florida 32801-4626. The Partnership may change its recordkeeping office or its registered agent, or both, by filing with the Department of State of the State of Florida an amendment complying with this chapter.
- 3. <u>Name and Business Address of General Partner</u>: The name and address of the General Partner is as follows:

POZO ENTERPRISES, INC. 1924 - 33rd Street Orlando, FL 32839 P9YUUU 30358

- 4. <u>Mailing Address</u>: The mailing address for the Partnership shall be 1924 33rd Street, Orlando, FL 32839, attention Joe G. Pozo, Jr.
- 5. <u>Term</u>: This Limited Partnership shall commence on the date upon which this Certificate of Limited Partnership is duly filed with the Office of the Secretary of State of the State of Florida, and shall continue thereto in accordance with the terms provided in the Limited Partnership Agreement until December 31, 2028, unless earlier terminated in accordance with the Limited Partnership Agreement.

IN WITNESS WHEREOF, the undersigned, being first duly sworn, has hereto affixed my signature and seal, thereby executing this Certificate of Limited Partnership for the uses and purposes herein stated.

GENERAL PARTNER:

POZO ENTERPRISES, INC.

JOE POZO, JR., President

STATE OF FLORIDA COUNTY OF ORANGE

The foregoing instrument was acknowledged before me this _____ day of ______ day of _______ 1998, by JOE G. POZO, JR., as President of POZO ENTERPRISES, INC., who is personally known to me or who has produced _______ \text{Lower law } as identification and who did (did not) take an oath.

(Printed name)

NOTARY PUBLICA STATE OF FLORIDA

SERIAL NO.:

Dorothy R Stein
My Commission CC588952
Expires Sep. 29, 2000

Having been named to accept Service of Process for the above-stated Limited Partnership, at the place designated in this Certificate, 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, and I accept the duties and obligations of Section 620.192, Florida Statutes.

Signature: 4

Gregory Humphries

Date:

1998

AFFIDAVIT

STATE OF FLORIDA COUNTY OF ORANGE

The undersigned, being first duly sworn, deposes and says that:

1. He is the President of POZO ENTERPRISES, INC., the General Partner of CHARLOTTE LAND LIMITED PARTNERSHIP

2. Capital contributions in the amount of \$1,000.00 have been made by the Lucy bed Partners of said Partnership.

3. Addition Capital contributions in the amount of \$_____ are anticipated to be contributed by the Partners of said Partnership.

This Affidavit is made for the purpose of filing with the Certificate of Limited Partnership of CHARLOTTE LAND LIMITED PARTNERSHIP

POZO ENTERPRISES, INC.

JOE POZO, JR., President

STATE OF FLORIDA COUNTY OF ORANGE

The foregoing instrument was acknowledged before me this ______ day of _______ day of _______ 1998, by JOE G. POZO, JR., as President of POZO ENTERPRISES, INC., the General Partner of CHARLOTTE LAND LIMITED PARTNERSHIP, who is personally known to me or who has produced _______ as identification and who did (did not) take an oath.

(Printed name)

NOTARY PUBLIC - STATE OF FLORIDA

SERIAL NO.:

* A STATE OF FLORIS

Dorothy R Stein My Commission CC588952 Expires Sep. 29, 2000

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