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**PULLUM & PULLUM, P.A.**  
ATTORNEYS AND COUNSELORS AT LAW

**J. STEPHEN PULLUM**  
**MARYBETH L. PULLUM**

SUITE 701 FIRST FAMILY OAKS  
1330 W. CITIZENS BLVD.  
LEESBURG, FLORIDA 34748

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Corporate Records Bureau  
Division of Limited Partnerships  
Department of State  
Post Office Box 6327  
Tallahassee, FL 32314

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-06/09/98--01022--001  
\*\*\*1837.50 \*\*\*1837.50

Re: FAHS FAMILY LIMITED PARTNERSHIP

Gentlemen:

Find enclosed our firm's check in the amount of \$1,837.50 to cover the following fees of your office.

Filing Limited Partnership	\$1,750.00
(Maximum Fee)	
Certified Copy	52.50
Filing Resident Agent Form	35.00

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DIVISION OF CORPORATIONS  
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We enclose original and one copy of Certificate of Limited Partnership of this proposed Limited Partnership, Affidavit of Capital Contributions and executed resident agent form. Please endorse your approval on the copy of the Certificate of Limited Partnership, certify same and return to us, together with acknowledgement of filing of resident agent.

Thank you for your attention to the above.

Very truly yours,

*Linda H. Hutson*

Linda H. Hutson  
Legal Assistant

Name	619198
Availability	DCC
Document Examiner	DCC
Updater	/lhh
Enclosures	DCC
(L: \Fahs\FLP7.lhh)	
Updater	
Verifier	DCC
Acknowledgement	DCC
W. P. Verifier	DCC

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TC  
\$380,000.00

CERTIFICATE OF LIMITED PARTNERSHIP  
FAHS FAMILY LIMITED PARTNERSHIP,  
A LIMITED PARTNERSHIP

The undersigned, desiring to form a Limited Partnership pursuant to the laws of the State of Florida, certify as follows:

1. **NAME OF LIMITED PARTNERSHIP.** The name of the Limited Partnership is **FAHS FAMILY LIMITED PARTNERSHIP, a Limited Partnership.**

2. **OFFICE FOR MAINTENANCE OF BUSINESS RECORDS.** The address of the office at which the records of the Limited Partnership will be kept, as required by Section 620.106 of the Florida Statutes, is 1307 S. Eighth Street, Leesburg, FL 34748.

3. **AGENT FOR SERVICE OF PROCESS.** The name and address of the Partnership's agent for service of process in Florida is **JOHN L. FAHS, JR., 1307 S. Eighth Street, Leesburg, Florida 34748.**

4. **GENERAL PARTNERS.** The name and business address of each General Partner in the Limited Partnership is as follows:



<u>Name</u>	<u>Address</u>
JOHN L. FAHS, JR.	1307 S. Eighth Street Leesburg, FL 34748
GLORIANNE E. FAHS	1307 S. Eighth Street Leesburg, FL 34748

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5. **ADDRESS OF PARTNERSHIP.** The mailing address of the Limited Partnership is 1307 S. Eighth Street, Leesburg, FL 34748.

6. **DATE OF DISSOLUTION.** The latest date on which the Limited Partnership is to dissolve is thirty (30) years from the effective date of this Limited Partnership.

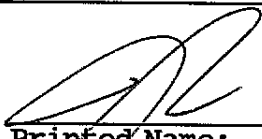
Dated: 5-13, 1998  
Leesburg, Florida

  
\_\_\_\_\_  
JOHN L. FAHS, JR.  
  
\_\_\_\_\_  
GLORIANNE E. FAHS

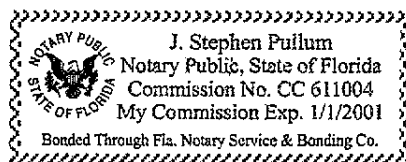
"General Partners"

STATE OF FLORIDA  
COUNTY OF LAKE

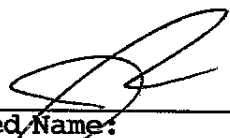
The foregoing instrument was acknowledged before me this 13<sup>th</sup>  
day of April, 1998, by JOHN L. FAHS, JR., as General Partner. Said  
person did not take an oath and (check one) ☒ is personally  
known to me, \_\_\_\_\_ produced a driver's license (issued by a state  
of the United States within the last five (5) years) as identifica-  
tion, or \_\_\_\_\_ produced other identification, to wit: \_\_\_\_\_.

  
Printed Name: \_\_\_\_\_  
Notary Public State of Florida  
Commission Number: \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_

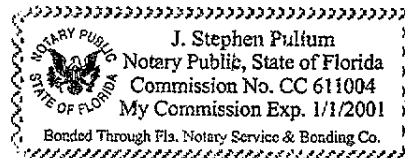
STATE OF FLORIDA  
COUNTY OF LAKE



The foregoing instrument was acknowledged before me this 13<sup>th</sup>  
day of April, 1998, by GLORIANNE E. FAHS, as General Partner.  
Said person did not take an oath and (check one) ☒ is person-  
ally known to me, \_\_\_\_\_ produced a driver's license (issued by a  
state of the United States within the last five (5) years) as  
identification, or \_\_\_\_\_ produced other identification, to wit: \_\_\_\_\_.

  
Printed Name: \_\_\_\_\_  
Notary Public State of Florida  
Commission Number: \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_

(L:\Fahs\FLP1.1hh)



## AFFIDAVIT OF CAPITAL CONTRIBUTIONS

The undersigned, who are all the General Partners of the FAHS FAMILY LIMITED PARTNERSHIP, a Limited Partnership, declare that the capital contributions of all the Limited Partners in the Partnership are as follows:

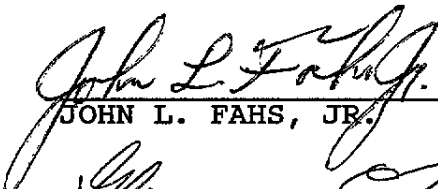

1. The Limited Partners have made capital contributions in the following amounts:

<u>Name of Limited Partner</u>	<u>Amount of Contribution</u>
JOHN L. FAHS, JR.	\$ <u>190,000<sup>00</sup></u>
GLORIANNE E. FAHS	\$ <u>190,000<sup>00</sup></u>

2. It is anticipated that the Limited Partners listed below will make capital contributions in the future in the following amounts:

<u>Name of Limited Partner</u>	<u>Amount of Contribution</u>
JOHN L. FAHS, JR.	NONE
GLORIANNE E. FAHS	NONE

Dated: 5-13, 1998  
Leesburg, Florida

  
JOHN L. FAHS, JR.  
  
GLORIANNE E. FAHS

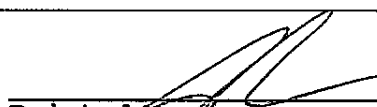
"General Partners"

STATE OF FLORIDA  
COUNTY OF LAKE

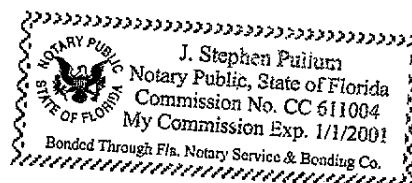
The foregoing instrument was acknowledged before me this 13<sup>th</sup> day of April, 1998, by JOHN L. FAHS, JR., as General Partner. Said person did not take an oath and (check one) ☒ is personally known to me, ☐ produced a driver's license (issued by a state of the United States within the last five (5) years) as identifica-

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DIVISION OF CORPORATIONS  
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tion, or \_\_\_\_\_ produced other identification, to wit: \_\_\_\_\_

  
Printed Name: \_\_\_\_\_  
Notary Public State of Florida  
Commission Number: \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_

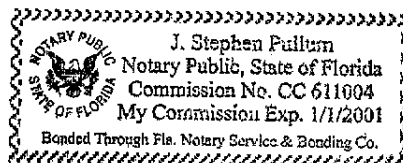
STATE OF FLORIDA  
COUNTY OF LAKE



The foregoing instrument was acknowledged before me this 13<sup>th</sup> day of April, 1998, by GLORIANNE E. FAHS, as General Partner. Said person did not take an oath and (check one) ☒ is personally known to me, \_\_\_\_\_ produced a driver's license (issued by a state of the United States within the last five (5) years) as identification, or \_\_\_\_\_ produced other identification, to wit: \_\_\_\_\_

  
Printed Name: \_\_\_\_\_  
Notary Public State of Florida  
Commission Number: \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_

(L:\Fahs\FLP4.1hh)



CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE  
FOR THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT  
UPON WHOM PROCESS MAY BE SERVED.

IN COMPLIANCE WITH SECTION 48.061, FLORIDA STATUTES, THE  
FOLLOWING IS SUBMITTED:

FIRST-- THAT FAHS FAMILY LIMITED PARTNERSHIP, A  
LIMITED PARTNERSHIP DESIRING TO ORGANIZE OR QUALIFY UNDER THE  
LAWS OF THE STATE OF FLORIDA, WITH ITS PRINCIPAL PLACE OF BUSINESS  
AT CITY OF LEESBURG, STATE OF FLORIDA, HAS NAMED JOHN L. FAHS, JR.  
LOCATED AT 1307 S. EIGHTH STREET, CITY OF LEESBURG, STATE OF  
FLORIDA, AS ITS AGENT TO ACCEPT SERVICE OF PROCESS WITHIN FLORIDA

SIGNATURE

John L. Fahs, Jr.  
(General Partner)

TITLE

GENERAL PARTNER

DATE

5-13-98

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.

SIGNATURE

John L. Fahs, Jr.  
(Resident Agent)

DATE

5-13-98

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