



THE UNITED STATES  
CORPORATION  
COMPANY

A98000001658

ACCOUNT NO. : 072100000032

REFERENCE : 878766 10329A

AUTHORIZATION :

COST LIMIT : \$ PPD

ORDER DATE : July 2, 1998

ORDER TIME : 10:46 AM

ORDER NO. : 878766-005

CUSTOMER NO: 10329A

CUSTOMER: Robert Darnell, Esq  
HANKIN PERSSON & DARNELL

Suite 400 & 406  
2033 Main Street  
Sarasota, FL 34237

FILED  
98 JUL -2 PM 4: 25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

000002579010--6  
-07/02/98--01048--007  
\*\*\*1837.50 \*\*\*1837.50

DOMESTIC FILING

NAME: JOHNSON FAMILY LIMITED  
PARTNERSHIP

EFFECTIVE DATE:

ARTICLES OF INCORPORATION  
XX CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY  
PLAIN STAMPED COPY  
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janna Wilson

EXAMINER'S INITIALS:

Name	
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Examiner	
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Acknowledgment	
W. P. Verifier	

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

July 2, 1998

JANNA WILSON  
CSC  
TALLAHASSEE, FL

SUBJECT: JOHNSON FAMILY LIMITED PARTNERSHIP  
Ref. Number: W98000015193

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TALLAHASSEE, FLORIDA

We have received your document for JOHNSON 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

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Tammi Cline  
Document Specialist

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**RESUBMIT**  
Please give original  
submission date as file date.

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DIVISION OF CORPORATIONS

CERTIFICATE OF LIMITED PARTNERSHIP

1. Johnson Family Partnership of Sarasota, LTD.  
(Name of Limited Partnership)
2. 1501 North Drive, Sarasota, FL 34239  
(Business address of Limited Partnership)
3. ROBERT W. DARNELL  
(Name of Registered Agent for Service of Process)
4. 2033 Main Street, Suite 406, Sarasota, FL 34237  
(Florida street address for Registered Agent)
5. X  
(Registered Agent must sign here to accept designation of Registered Agent for Service of Process)
6. P.O. Box 25725, Sarasota, FL 34277  
(Mailing address of the Limited Partnership)
7. The latest date upon which the Limited Partnership is to be dissolved is: June 30, 2028.
8. Name(s) of general partner(s): Street address:  
CHARLES A. JOHNSON 1501 North Drive  
Sarasota, FL 34239

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 30 day of June, 1998.

Signature of all general partners:

Charles A. Johnson  
CHARLES A. JOHNSON  
General Partner

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TALLAHASSEE, FLORIDA

AFFIDAVIT OF CAPITAL CONTRIBUTIONS  
FOR FLORIDA LIMITED PARTNERSHIP

The undersigned constituting all of the general partners of Johnson Family Partnership of Sarasota, LTD. , a Florida Limited Partnership, certify:

1. The amount of capital contributions to date of the limited partners is \$1,131,498.00.
2. The total amount contributed and anticipated to be contributed by the limited partners at this time totals \$1,131,498.00.

Signed this 30 day of June, 1998.

FURTHER AFFIANT SAYETH NOT.

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.

  
\_\_\_\_\_  
CHARLES A. JOHNSON  
General Partner

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