

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 100 • Tallahassee, Florida 32302
(850) 224-8870 • Fax (850) 224-1122

A98000001671

The Lynn Family Limited
Partnership

300002574353--2
-06/29/98--01026--010
****766.50 ****766.50

RECEIVED

98 JUN 29 AM 10:13

DIVISION OF CORPORATION

390
698400035900

9

7/1/98

Signature

Requested by:

23 6/29/98 9:38

Name

Date

Time

Walk-In

Will Pick Up

Art of Inc. File

☒ LTD Partnership File

Foreign Corp. File

L.C. File

Fictitious Name File

Trade/Service Mark

Merger File

Art. of Amend. File

RA Resignation

Dissolution / Withdrawal

Annual Report / Reinstatement

☒ Cert. Copy

Photo Copy

Certificate of Good Standing

Certificate of Status

Certificate of Fictitious Name

Corp Record Search

Officer Search

Fictitious Search

Fictitious Owner Search

Vehicle Search

Driving Record

UCC 1 or 3 File

UCC 11 Search

UCC 11 Retrieval

Courier

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DIVISION OF CORPORATIONS
98 JUL 10 AM 10:55

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FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

June 29, 1998

CAPITAL CONNECTION

TALLAHASSEE, FL

SUBJECT: LYNN FAMILY LIMITED PARTNERSHIP
Ref. Number: W98000014900

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98 JUL 10 AM 10:55

W98000014890

We have received your document for LYNN FAMILY LIMITED PARTNERSHIP and your check(s) totaling \$766.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The limited partnership name designated in the document is not available since it is the same as, or not distinguishable from the name of another entity on file with this office. Please select a new name and make the substitution in all the appropriate places.

Please clarify Item 1 one on the AFFIDAVIT. It is hard to tell whether the \$97,000.00 is cash or the value of property.

AFTER THAT is corrected, please add another sentence -- "THE AMOUNT CONTRIBUTED AND ANTICIPATED TO BE CONTRIBUTED BY THE LIMITED PARTNERS TOTALS _____."

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: 298A00035394

corrected

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CERTIFICATE OF LIMITED PARTNERSHIP
THE RAEDEAN, LUCAS AND JESSE LYNN
FAMILY LIMITED PARTNERSHIP, LTD.

We, the undersigned, desiring to form a limited partnership pursuant to Chapter 620, Florida Statutes, and being duly sworn, do certify as follows:

1. The name of the limited partnership in: THE RAEDEAN, LUCAS AND JESSE LYNN FAMILY LIMITED PARTNERSHIP, LTD.

2. The principal place of business and mailing address for the partnership is 2801 Fruitville Road, Suite 100, Sarasota, Florida 34237.

3. The name and business address of each general partner of the partnership is as follows:

GENERAL PARTNER

Lucas L. Lynn
1130 133rd Street, East
Bradenton, FL 34202

RaeDean Lynn
5402 1st Street
Bradenton, FL 34203

Jesse J. Lynn
6907 River Birch Court
Bradenton, FL 34202

4. The address of the office and the name and address of the agent for service of process of the partnership is as follows:

LIMITED PARTNERS

Jesse J. Lynn
6907 River Birch Court
Bradenton, FL 34202

5. The latest date the limited partnership is to dissolve is April 22, 2028.

6. The Certificate and/or Designation of Registered Agent/Registered Office attached hereto is expressly made a part hereof.

IN WITNESS WHEREOF, the parties hereto have executed this Certificate of Limited Partnership of THE RAEDEAN, LUCAS AND JESSE LYNN FAMILY LIMITED PARTNERSHIP, LTD., on this 9TH day of July, 1998.

Signed, sealed, sworn to and delivered in the presence of

M H L
Name Written

MICHAEL HAIL
Name Printed

M Davelle Hooton
Name Written

M Davelle Hooton
Name Printed

M H L
Name Written

MICHAEL HAIL
Name Printed

M Davelle Hooton
Name Written

M Davelle Hooton
Name Printed

GENERAL PARTNERS:

Lucas L. Lynn
LUCAS L. LYNN

RaeDean Lynn
RAEDEAN LYNN

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M. J. L.
Name Written

MICHAEL HAIL
Name Printed

Jesse J. Lynn
JESSE J. LYNN

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M. Danelle Hooton
Name Written

M. Danelle Hooton
Name Printed

STATE OF FLORIDA
COUNTY OF SARASOTA

The foregoing instrument was acknowledged before me by Lucas L. Lynn who (is personally known to me) or (who has produced _____ as identification), and who (did/did not) take an oath.

Witness my hand and official seal this 9TH day of July, 1998.

OFFICIAL NOTARY SEAL
M DANELLE HOOTON
NOTARY PUBLIC STATE OF FLORIDA
COMMISSION NO. CC518969
MY COMMISSION EXP. DEC. 17, 1999

M. Danelle Hooton
NOTARY PUBLIC
Name Printed: M. Danelle Hooton
My Commission Expires: 12/17/99
Commission Number: CC 518969

STATE OF FLORIDA
COUNTY OF SARASOTA

The foregoing instrument was acknowledged before me by RaeDean Lynn who (is personally known to me) or (who has produced _____ as identification), and who (did/did not) take an oath.

Witness my hand and official seal this 9TH day of July, 1998.

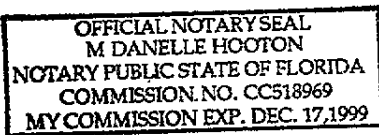
OFFICIAL NOTARY SEAL
M DANELLE HOOTON
NOTARY PUBLIC STATE OF FLORIDA
COMMISSION NO. CC518969
MY COMMISSION EXP. DEC. 17, 1999

M. Danelle Hooton
NOTARY PUBLIC
Name Printed: M. Danelle Hooton
My Commission Expires: 12/17/99
Commission Number: CC 518969

STATE OF FLORIDA
COUNTY OF SARASOTA

The foregoing instrument was acknowledged before me by Jesse J. Lynn who (is personally known to me) or (who has produced _____ as identification), and who (did/did not) take an oath.

Witness my hand and official seal this 9TH day of July, 1998.



M. Danielle Hooton
NOTARY PUBLIC
Name Printed: M. Danielle Hooton
My Commission Expires: 12/17/99
Commission Number: CC518969

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STATE OF FLORIDA
COUNTY OF SARASOTA

FILED
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AFFIDAVIT OF LIMITED PARTNER CONTRIBUTION

The undersigned, as all of the general partners of THE
RAEDEAN, LUCAS AND JESSE LYNN FAMILY LIMITED PARTNERSHIP, LTD.,
depose and say:

1) The total amount of cash contributed by all limited
partners is \$97,000.00. The total amount of other property to be
so contributed is \$0.00. The amount contributed and anticipated to
be contributed by the limited partners totals \$97,000.00.

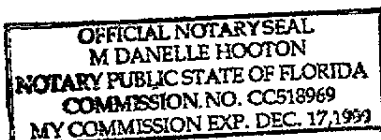
Lucas L. Lynn
Lucas L. Lynn

RaeDean Lynn
RaeDean Lynn

Jesse J. Lynn
Jesse J. Lynn
As General Partners

The foregoing instrument was acknowledged before me by Lucas
L. Lynn who (is personally known to me) or (who has produced
_____ as identification), and who (did/did not)
take an oath.

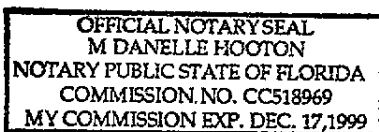
Witness my hand and official seal this 9TH day of
July, 1998.



M. Danielle Hooton
NOTARY PUBLIC
Name Printed: M. Danielle Hooton
My Commission Expires: 12/17/99
Commission Number: CC518969

The foregoing instrument was acknowledged before me by RaeDean Lynn who (is personally known to me) or (who has produced _____ as identification), and who (did/did not) take an oath.

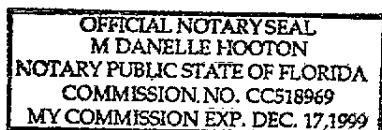
Witness my hand and official seal this 9TH day of July, 1998.



M. Danelle Hooton
NOTARY PUBLIC
Name Printed: M. Danelle Hooton
My Commission Expires: 12/17/99
Commission Number: CC518969

The foregoing instrument was acknowledged before me by Jesse J. Lynn who (is personally known to me) or (who has produced _____ as identification), and who (did/did not) take an oath.

Witness my hand and official seal this 9TH day of July, 1998.



M. Danelle Hooton
NOTARY PUBLIC
Name Printed: M. Danelle Hooton
My Commission Expires: 12/17/99
Commission Number: CC518969

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DIVISION OF CORPORATIONS
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CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF CHAPTER 620, FLORIDA STATUTES, THE UNDERSIGNED LIMITED PARTNERSHIP SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited partnership is THE RAEDEAN, LUCAS AND JESSE LYNN FAMILY LIMITED PARTNERSHIP, LTD.
2. The name and address of the registered agent and office is:

Michael Hric
2801 Fruitville Road, Suite 100
Sarasota, Florida 34237

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED LIMITED PARTNERSHIP AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO AT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT.



MICHAEL HRIC

7/9/98

DATE

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