A 98000001740

SWAINE, HARRIS, SHEEHAN & McClure, P.A.

ATTORNEYS AT LAW

BERT J. HARRIS, III J. MICHAEL SWAINE J. TIMOTHY SHEEHAN JOHN K. McCLURE KIMBERLY L. SAPP

PLEASE REPLY TO: LAKE PLACID SEBRING

Ď

July 8, 1998

425 SOUTH COMMERCE AVENUE SEBRING, FL 38870 (941) 385-1549 FAX: (941) 471-0008 E-MAIL shsmlaw@ct.net

825 CENTRAL AVENUE
LAKE PLACID, FL 88852
(941) 465-2811
FAX: (941) 465-6999
E-MAIL lplaw@ct.net

400002584844--7

-07/10/98--01021--001

***1837.50 ***1837.50

State of Florida Department of State Division of Corporations Post Office Box 6327 Tallahassee, Florida 32314

Re: Hommes Family Limited Partnership

Gentlemen:

Enclosed is an original and one copy of the Certificate of Limited Partnership and Affidavit. Please file the original on your office and certify and return one copy to me.

I am enclosing a check in the amount of \$1,837.50 govering

Filing Fee Registered Agent Designation Certified Copy \$1,750.00 2 2 0

35.00 LORDA 52.50 DA

If you have any questions, please do not hesitate to call.

1	Vame 7/10/99 Availability dcc		
	Document Examine¶w	DCC	
-	Upda a Enclosu:	resvas	stated
	Updare Verityer	;	
	Ackno liedgement	لانان	10
	W. P. Verifyer	DCC	

Bet J. Harris, III

OPTIOOCOOSPA

10,750,00

0172100008PC

SWAINE, HARRIS, SHEEHAN & McClure, P.A.

ATTORNEYS AT LAW

BERT J. HARRIS, III J. MICHAEL SWAINE J. TIMOTHY SHEEHAN JOHN K. McCLURE KIMBERLY L. SAPP

PLEASE REPLY TO: LAKE PLACID SEBRING

July 17, 1998

425 SOUTH COMMERCE AVENUE SEBRING, FL 88870 (941) 385-1549 FAX: (941) 471-0008 E-MAIL shsmlaw@ct.net

325 CENTRAL AVENUE
LAKE PLACID, FL 33852
(941) 465-2811
FAX: (941) 465-6999
E-MAIL lplaw@ct.net

Ms. Diane Cushing Corporate Specialist State of Florida Department of State Division of Corporations Post Office Box 6327 Tallahassee, Florida 32314

Re: Hommes Family Limited Partnership

Letter Number: 798A00036987

Dear Diane:

Pursuant to your correspondence of 10 July 1998, please find enclosed the original and one copy of the Certificate of Limited Partnership and Affidavit. Please file the original in your office and certify and return one copy to me.

If you have any questions, please do not hesitate to call.

Cordially,

Bert J. Harris, III

lw

Enclosures-as stated



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

July 10, 1998

BET J. HARRIS, III SWAINE HARRIS SHEEHAN & MCCLURE, P.A. 325 CENTRAL AVENUE LAKE PLACID, FL 33852

SUBJECT: HOMMES FAMILY LIMITED PARTNERSHIP Ref. Number: W98000015710

We have received your document for HOMMES 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 registered agent must sign accepting the designation.

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) 487-6913.

Letter Number: 798A00036987

Diane Cushing Corporate Specialist

HOMMES FAMILY LIMITED PARTNERSHIP CERTIFICATE OF 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 HOMMES FAMILY 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 1216 County Road(CR) 29

 Lake Placid, Highlands County, Florida 33852.
- 3. Agent for Service of Process. The name and address of the partnership's agent for service of process in Florida is

 George Summerall, 1216 County Road 29

 Lake Placid, Highlands County, Florida 33852.
- 4. <u>General Partner</u>. The name and business address of the general partner in the limited partnership is as follows:

Name

Business Address

Greta S. Hommes

170 Gooseneck Road Rocky Point, NC 28457

5. Address of Partnership. The mailing address of the limited partnership is 1216 County Road 29 Lake Placid, Florida, 33852.

Page I Certificate of Limited Partnership



STATE OF NORTH CAROLINA COUNTY OF MECKLENBURG

BEFORE ME the undersigned authority, personally appeared GRETA S. HOMMES, who is personally known to me or who produced drivers liceuse as identification, and who was by me first duly sworn and states the following:

The initial contributions of the Limited Partners in cash are set out as follows:

William Peter Hommes	\$5,000.00
Nancy Johnson Hommes	\$5,000.00
Mark Peter Hommes	\$5,000.00
Tamara Chappell Hommes	\$5,000.00
Greta S. Hommes	\$231,750.00

It is not anticipated that the Limited Partners will make any further contribution to the Partnership.

Greta S. Hommes

SWORN TO AND SUBSCRIBED before me this 1998.

Printed Name:

My Commission Expires:

My commission expires March 04, 2001

,		15 98
6.	Date of Dissolution. The latest date on which	he le T
limited	partnership is dissolved is December 31, 2020.	155 2 E
IN	WITNESS WHEREOF I have hereunto set my hand and	seal this
31St day	of <u>January</u> , 1998.	1: 50

Signed sealed and delivered in the presence of:

HOMMES FAMILY LIMITED PARTNERSEIP by the General Partner, GRETA S. HOMMES

Vignia Williams

GRETA/S. HOMMES

Printed Name: Vivainia JWIIIaws

Witness Printed Name: CHRISTOPHER Williams My commission expires March 04, 2001

ACCEPTANCE BY REGISTERED AGENT

Having been named to accept service of process for the above stated partnership, at the place designated in this certificate, I hereby accept to act in this capacity, and agree to comply with the provision of said act relative to keeping open said office.

GEORGE SUMMERALL Registered Agent

Page 2 Certificate of Limited Partnership