

A 98-1749

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STEVEN C. KOEGLER
(OF COUNSEL)

PLEASE REPLY TO:
P.O. Box 676
Ponte Vedra Beach, FL
32004-0676

July 17, 1998

Via Federal Express

Attention: Limited Partnership Filing Section
Corporation Division
Post Office Box 6327
Tallahassee, Florida 32314

Re: Dennis B. Thompson Family Partnership, Ltd.

Ladies and Gentlemen:

Enclosed is the original and one copy of the Certificate of Limited Partnership (including the Affidavit of Contributions) for the above partnership to be filed in your office. Also enclosed is our check in the amount of \$1,785.00 to cover the following filing fees:

Filing Fee	\$1,750.00
Registered Agent fee	35.00
Total	\$1,785.00

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-07/21/98--01012--002
***1785.00 ***1785.00

Should you have any questions regarding this partnership, please do not hesitate to call me. Please return the certified copy of the Limited Partnership Certificate to me at the letterhead address.

Very truly yours,

JAMES V. WALKER & ASSOCIATES, P.A.

Peggy D. Adolphson
Peggy D. Adolphson
Certified Legal Assistant

pa
Enclosures

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A98-1749

Name	<i>OK</i>
Availability	<i>OK</i>
Document Examiner	<i>OK</i>
Updater	<i>OK</i>
Updater Verifier	<i>OK</i>
Acknowledgement	<i>OK</i>
W. P. Verifier	<i>OK</i>

FILED
98 JUL 21 PM 4: 25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CERTIFICATE OF LIMITED PARTNERSHIP
AND
AFFIDAVIT OF CAPITAL CONTRIBUTIONS**

Dennis B. Thompson Family Partnership, Ltd.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

This Certificate of Limited Partnership made and entered into this 1st day of June, 1998, by and between **Thompson Family Partners, Inc.**, as the General Partner ("General Partner") and **Dennis B. Thompson** as the Limited Partner ("Limited Partner"), whereby the parties hereto agree and form a Limited Partnership pursuant to Chapter 620 of the Florida Statutes and do hereby swear, affirm and certify as follows:

1. The name of the Limited Partnership is Dennis B. Thompson Family Partnership, Ltd.
2. The purpose of the Partnership shall be to hold, manage, collect monies, rents and other income in respect of and reinvest the contributed assets and any and all amounts received with respect to the contributed assets, to own real and personal property and transact all business with respect thereto, and to trade, buy, sell or otherwise hold or dispose of investments of whatever nature.
3. The principal place of business of the Limited Partnership is c/o Walker, Koegler & Dillingham, P.A., 217 Ponte Vedra Park Drive, Suite 200, Ponte Vedra Beach, Florida 32082, and its mailing address is Post Office Box 676, Ponte Vedra Beach, Florida 32004.
4. The name and business address of the sole General Partner is:
891-70070
Thompson Family Partners, Inc., c/o H. Marshall Thompson, President
217 Ponte Vedra Park Drive, Suite 200, Ponte Vedra Beach, Florida 32082
5. The name and address of the agent for service of process for the Limited Partnership shall be James V. Walker, 217 Ponte Vedra Park Drive, Suite 200, Ponte Vedra Beach, Florida 32082.
6. The Affidavit of Capital Contributions is attached hereto as Schedule A; the Limited Partners shall have no responsibility for additional contributions to the Partnership. The total of the anticipated contributions of the limited partners is \$2,500,000.00.
7. The Limited Partnership and limitation of liability of the Limited Partners shall commence on the date of filing with the Secretary of State of Florida and shall continue until December 31, 2028.

Under the penalties of perjury, Dennis B. Thompson, President of **Thompson Family Partners, Inc.**, declares that he has read the foregoing and knows the contents thereof and that the facts stated herein are true and correct.

GENERAL PARTNER:

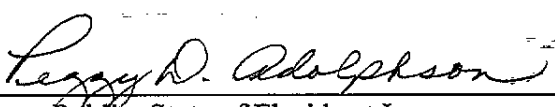
THOMPSON FAMILY PARTNERS, INC.

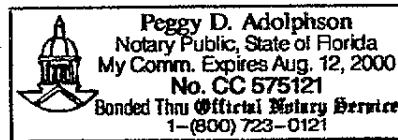
By: 
H. Marshall Thompson Jr., President

STATE OF FLORIDA)

COUNTY OF ST. JOHNS)

The foregoing Certificate of Limited Partnership was acknowledged before me this 15th day of June, 1998, by **H. Marshall Thompson Jr.**, the President of Thompson Family Partners, Inc., ☒ who is personally known to me or ☐ who has produced _____ as identification, and who acknowledged that he signed such instrument of his own free will.


Notary Public, State of Florida at Large
Notary's printed or stamped name:
My commission expires:



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

First that **Dennis B. Thompson Family Partnership, Ltd**, filing its Certificate of Limited Partnership pursuant to Chapter 620 of the laws of the State of Florida, with its principal office in the State of Florida has named James V. Walker, located at 217 Ponte Vedra Park Drive, Suite 200, Ponte Vedra Beach, Florida 32082, as its agent to accept service of process within this state.

ACKNOWLEDGMENT:

Having been named to accept service of process for the above stated Limited Partnership at the place designated in this certificate, and being familiar with the duties and responsibilities as registered agent for said Limited Partnership, I hereby agree to act in this capacity and to comply with the provisions of said laws.

By: 
James V. Walker, Registered Agent

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TALLAHASSEE, FLORIDA

