

# A98000002000

Arthur L. Stein II  
Requestor's Name

857 E. Park Avenue  
Address

Tallahassee FL 32301 222-9925  
City/State/Zip Phone #

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. The Andris Family Limited Partnership  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

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SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
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- ☒ Walk in ☐ Pick up time \_\_\_\_\_ ☐ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

400002626094--9  
-08/27/98--01002--023  
\*\*\*1750.00 \*\*\*1750.00

400002626094--9  
-08/27/98--01002--024  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

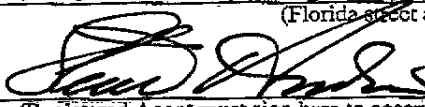
OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

LP-1785

BK 8/26/98

**CERTIFICATE OF LIMITED PARTNERSHIP**

1. The ANDRIS FAMILY LIMITED Partnership  
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")
2. U.S. 19 N. 3 Miles, Monticello, FL 32344  
(Business address of Limited Partnership)
3. STEVE ANDRIS  
(Name of Registered Agent for Service of Process)
4. U.S. 19 N. 3 Miles, Monticello, FL 32344  
(Florida street address for Registered Agent)
5.   
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)
6. P.O. Box 500, Monticello, FL 32345  
(Mailing Address of the Limited Partnership)

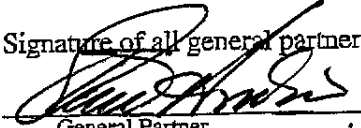
7. The latest date upon which the Limited Partnership is to be dissolved is: JAN. 1, 2040
8. Name(s) of general partner(s): \_\_\_\_\_ Street address: \_\_\_\_\_

<u>STEVE ANDRIS</u>	<u>U.S. 19 N. 3 Miles</u>
_____	<u>Monticello, FL 32345</u>
_____	_____
_____	_____

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 25<sup>th</sup> day of JULY, 19 98.

Signature of all general partners:

  
General Partner  
STEVE ANDRIS

\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner

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**AFFIDAVIT OF CAPITAL CONTRIBUTIONS  
FOR FLORIDA LIMITED PARTNERSHIP**

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The undersigned constituting all of the general partners of THE ANDRIS  
FAMILY LIMITED PARTNERSHIP

a Florida Limited Partnership, certify:

The amount of capital contributions to date of the limited partners is \$ 800,000.00/100

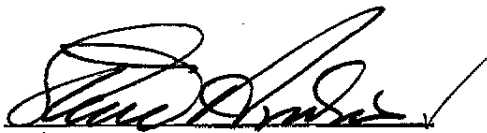
The total amount contributed and anticipated to be contributed by the limited partners at this time:

totals \$ 800,000

Signed this 25<sup>th</sup> day of JULY, 19 98

FURTHER AFFIANT SAYETH NOT.

*Under the 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.*



General Partner  
STEVE Andris

\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner