

# A98000002072

HILLMAN & KNIGHT  
 Requestors Name  
 15 SOUTH CALHOUN STREET  
 Address  
 Tallahassee, Florida 32301  
 City/State/Zip Phone #  
 224-7000

Office Use Only

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

1. Kent Family Limited Partnership (New filing)  
 (Corporation Name) (Document #)
2. \_\_\_\_\_  
 (Corporation Name) (Document #)
3. \_\_\_\_\_  
 (Corporation Name) (Document #)
4. \_\_\_\_\_  
 (Corporation Name) (Document #)

Walk-in      Pick up time 2:00      Certified Copy  
 Mail-out      Will wait      Photocopy      Certificate of Status

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 98 SEP - 8 AM 10:43  
 DIVISION OF CORPORATION

5

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

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

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

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 DIVISION OF CORPORATIONS  
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MR  
 9/8/98

Examiner's Initials	
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## CERTIFICATE OF LIMITED PARTNERSHIP

The undersigned general partner represents that it has formed a limited partnership pursuant to the Florida Revised Uniform Limited Partnership Act (the "Act"), and that it has executed this Certificate of Limited Partnership pursuant to the foregoing Act and states herein as follows:

### I. Name

The name of the limited partnership is KENT FAMILY LIMITED PARTNERSHIP.

### II. Records of the Partnership

The address of the office in Florida at which place the records of the partnership shall be maintained is as follows:

2905 Jacque Lee Lane  
Lakeland, Florida 33803

### III. Registered Agent

The address of the registered office of the partnership and the name of the registered agent for service of process located at that office is as follows:

Jerard A. Kent  
2905 Jacque Lee Lane  
Lakeland, Florida 33803

### IV. General Partner

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

Kent Family Enterprises, Inc.  
2905 Jacque Lee Lane  
Lakeland, Florida 33803

PKU00077008

### V. Mailing Address

The mailing address of the partnership is as follows:

2905 Jacque Lee Lane  
Lakeland, Florida 33803

VI. Dissolution

The latest date on which the partnership is to dissolve is December 31, 2048.

WHEREFORE, the undersigned, the General Partner of the partnership, has executed this Certificate of Limited Partnership on September 4, 1998.

GENERAL PARTNER:

Kent Family Enterprises, Inc.

By: Shirley W. Kent  
Shirley W. Kent, President

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**AFFIDAVIT OF CAPITAL CONTRIBUTIONS**

I, JERARD A. KENT, having been sworn, hereby declare and certify that I am President of Kent Family Enterprises, Inc., a Florida corporation, which corporation is the sole general partner of Kent Family Limited Partnership, a Florida limited partnership (the "Partnership"), and that:

1. The amount of the initial capital contributions of the limited partners of the Partnership is \$2,500,000.
2. The total amount of capital anticipated to be contributed by the limited partners of the Partnership is \$10,000,000.

This 4th day of September, 1998

FURTHER AFFIANT SAYETH NOT.

Under penalties of perjury, I declare that I have read the foregoing and the facts so stated are true and correct to the best of my knowledge and belief.

GENERAL PARTNER:

KENT FAMILY ENTERPRISES, INC.

By: Shirley W. Kent  
Shirley W. Kent, President  
Date: September 4, 1998

STATE OF FLORIDA  
COUNTY OF POLK

I am a Notary Public authorized to administer oaths and to take acknowledgements in and for the state and county set forth above. The foregoing Affidavit of Capital Contributions was acknowledged, subscribed, and sworn to before me by JERARD A. KENT, as President of the General Partner, who is personally known to me, on this 4th day of September, 1998.

Personally Known   
Produced Identification \_\_\_\_\_  
Type of Identification \_\_\_\_\_

Richard L. Stockton  
Notary Public--State of Florida  
Print Notary Name: \_\_\_\_\_  
My Commission Number is: \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_

LIMITED PARTNERSHIP REGISTERED AGENT DESIGNATION

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CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA AND NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

IN COMPLIANCE WITH SECTION 620.105, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED:

FIRST THAT Kent Family Limited Partnership  
(Name of Limited Partnership)

WITH ITS PLACE OF BUSINESS AT 2905 Jacque Lee Lane, Lakeland, Florida 33803

HAS NAMED Jerard A. Kent (Name of Registered Agent)

LOCATED AT 2905 Jacque Lee Lane, Lakeland, Florida 33803  
(Street Address and Number of Building, Post  
Office Box Addresses ARE NOT Acceptable)

CITY OF LAKELAND, STATE OF FLORIDA, AS ITS AGENT TO ACCEPT SERVICE OF PROCESS WITHIN FLORIDA.

GENERAL PARTNER:

KENT FAMILY ENTERPRISES, INC. a Florida corporation

By: Shirley W. Kent  
SHIRLEY W. KENT, President

Date: September 4, 1998

Having been named to accept Service of Process for the above-stated Limited Partnership, at the place designated in this certificate, JERARD A. KENT hereby agrees to act in this capacity, and further agrees to comply with the provisions of all statutes relative to the proper and complete performance of its duties, and accepts the duties and obligations of Section 620.192, Florida Statutes.

REGISTERED AGENT:

Jerard A. Kent  
JERARD A. KENT