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FLORIDA DIVISION OF CORPORATIONS

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FROM: DANIEL HICKS, P.A.
075061003325

ACCT#:

CONTACT: SHEILA HOWARD
PHONE: (352)351-3353

FAX #:

(352)351-8054

NAME: SUMMERFIELDS EQUINE GROUP, LTD
AUDIT NUMBER.....H98000015541
DOC TYPE.....FLORIDA LIMITED PARTNERSHIP
CERT. OF STATUS..0 PAGES..... 15
CERT. COPIES.....0 DEL.METHOD.. FAX
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August 21, 1998

DANIEL HICKS, P.A.
SHEILA HOWARD

SUBJECT: SUMMERFIELDS ENGINE GROUP, LTD.
REF: W98000019193

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

✓ The document must contain the entity's complete mailing address. *Article II*

✓ Pursuant to section 620.108, Florida Statutes, an affidavit declaring the amount of the capital contributions of the limited partners and the amount anticipated to be contributed by the limited partners must accompany the certificate of limited partnership. The affidavit must be signed by all general partners.

✓ Section 620.108, Florida Statutes, requires the certificate include the names and street addresses of the general partners.

Every corporation, limited partnership, general partnership, limited liability company or trust listed as a general partner of a limited partnership, general partnership, or registered limited liability partnership must have an active registration/filing on file with this office before this filing will be completed. We are enclosing the appropriate instructions and/or forms for your convenience. *OK*

✓ The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

✓ The designation of the registered agent must be at a Florida street address.

Please return your document, along with a copy of this letter, within 60

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**CERTIFICATE OF LIMITED PARTNERSHIP OF
SUMMERFIELDS EQUINE GROUP, LTD.,
a Florida Limited Partnership**

The undersigned general partners desiring to form a limited partnership pursuant to the Florida Revised Uniform Limited Partnership Law as set forth in Section 620.108 of the Florida Statutes, hereby state the following:

1. The name of the Partnership is: **Summerfields Equine Group, Ltd.**
2. The address of the office of the Partnership is: **2100 SE 17th Street, Suite 204, Ocala, FL 34471.**
3. The name and address of the agent for service of process on the Partnership is: **William W. Curtis, 2100 SE 17th Street, Suite 204, Ocala, FL 34471.**
4. The names and business addresses of the general partners are as follows:
L98-1600
Summerfields, L.C. 2100 SE 17th Street, Suite 204, Ocala, FL 34471
5. The mailing address of the Partnership is: **2100 SE 17th Street, Suite 204, Ocala, FL 34471.**
6. The latest date upon which the Partnership shall dissolve is: **December 31, 2027.**

The execution of this certificate by the undersigned general partners constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

IN WITNESS WHEREOF, this certificate of Limited Partnership has been executed by all of the general partners of Summerfields Equine Group, Ltd. this 31 day of July, 1998.

General Partner:
Summerfields, L.C., a Florida
Limited Liability Company

By: [Signature]
William W. Curtis as Manager

[Signature]
Witness

W. LARRY CROSS
Witness Print Name

[Signature]
Witness

Randy Back
Witness Print Name

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STATE OF FLORIDA
COUNTY OF MARION

The foregoing instrument was acknowledged before me this 31 day of July, 1998 by William W. Curtis as Manager of Summerfields, L.C., a Florida Limited Liability Company, General Partner of Summerfields Equine Group, Ltd., to me known to be the person described in and who executed the foregoing instrument and he acknowledged before me that he executed the same for the purposes therein contained, and that he is personally known to me.

WITNESS my hand and official seal in the County and State last aforesaid this 31 day of July, 1998.

Diane Barge
Notary Public, State of Florida

Diane Barge
(Please Print Name)

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Diane Barge
MY COMMISSION # CC681460 EXPIRES
September 17, 2001
BONDED THRU TROY FAIR INSURANCE, INC.

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Sep-15-98 10:22A Daniel Hicks, P.A.


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ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been named as registered agent for SUMMERFIELDS EQUINE GROUP, LTD., a Florida Limited Partnership (the "Partnership") in the foregoing Certificate of Limited Partnership, I, on behalf of the Partnership, hereby agree to comply with any and all statutes relative to the complete and proper performance of the duties of registered agent, including Florida Statutes § 620.192.


William W. Curtis

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AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned constituting the general partner of Summerfields Equine Group, Ltd., a Florida Limited Partnership, certify as follows:

The amount of capital contributions to date of the limited partners is \$ 2,100.00.

The total amount contributed and anticipated to be contributed by the limited partners at this time totals \$ 2,100.00.

This 31 day of July, 1998.

FURTHER AFFIANT SAYETH NOT.

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

General Partner:
Summerfields, L.C., a Florida
Limited Liability Company

By: [Signature]
William W. Curtis as Manager

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