

A 98000002360



THE UNITED STATES  
CORPORATION  
COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 993905 80913A

AUTHORIZATION :

COST LIMIT : \$ PREPAID

ORDER DATE : October 13, 1998

ORDER TIME : 10:06 AM

ORDER NO. : 993905-010

CUSTOMER NO: 80913A

CUSTOMER: James D. Salter, Esq  
SALTER FEIBER YENSER & MURPHY  
SALTER FEIBER YENSER & MURPHY  
703 Northeast 1st Street

Gainesville, FL 32601

DOMESTIC FILING

NAME: JAMES L. CHAPMAN PROPERTIES,  
LTD.

\*\*\*\*\*FILE 2ND\*\*\*\*\*

EFFECTIVE DATE:

\_\_\_ ARTICLES OF INCORPORATION  
XX \_\_\_ CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX \_\_\_ CERTIFIED COPY  
\_\_\_ PLAIN STAMPED COPY  
\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds

EXAMINER'S INITIALS:

200002662532---5  
-10/13/98--01039--015  
\*\*\*1837.50 \*\*\*1837.50

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
98 OCT 13 PM 3:48

RECEIVED  
98 OCT 13 AM 11:29  
DIVISION OF CORPORATION

THIS DOCUMENT PREPARED BY  
JAMES D. SALTER, ESQ.  
SALTER, FEIBER, YENSER & MURPHY, P.A.  
P O DRAWER 1589  
GAINESVILLE, FL 32602-1589

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
98 OCT 13 PM 3:48

**AFFIDAVIT OF CAPITAL CONTRIBUTIONS AND  
CERTIFICATE OF LIMITED PARTNERSHIP  
OF  
JAMES L. CHAPMAN PROPERTIES, LTD.  
A FLORIDA LIMITED PARTNERSHIP**

**JAMES L. CHAPMAN and JAMES L. CHAPMAN FAMILY CORPORATION** (the "General Partners") hereby certify that an Agreement of Limited Partnership entered into was made effective the 9th day of October, 1998.

**WITNESSETH:**

The parties hereto, on the date described above, formed a Limited Partnership pursuant to the provisions of the Florida State Limited Partnership Act.

1. **NAME.** The name of this Limited Partnership is **JAMES L. CHAPMAN PROPERTIES, LTD.**
2. **BUSINESS.** The general character of the Partnership business shall be to conduct any general business legal under the State of Florida Limited Partnership Act.
3. **PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS.** The location of the principal place of business and mailing address of the Partnership is 616 N.W. 99th Terrace, Gainesville, FL 32607.
4. **REGISTERED AGENT.** The registered agent for service for this Limited Partnership is **JAMES L. CHAPMAN** and his address is, 616 N.W. 99th Terrace, Gainesville, FL 32607.
5. **THE GENERAL PARTNERS.** The General Partner of this Limited Partnership is as follows:

**General Partners**

JAMES L. CHAPMAN

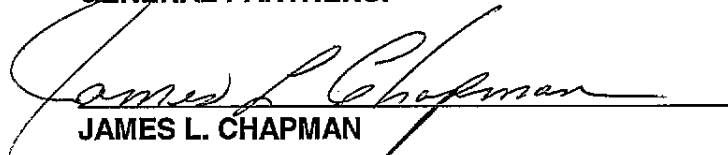
616 N.W. 99th Terrace  
Gainesville, FL 32607

JAMES L. CHAPMAN FAMILY CORPORATION

616 N.W. 99th Terrace  
Gainesville, FL 32607

6. **TERM.** The Partnership shall begin on the date of filing with the Secretary of State of Florida, and shall continue for fifty (50) years thereafter unless sooner dissolved by law or by agreement of the parties hereto or unless extended by majority agreement of the Partners.
7. **ADDITIONAL CONTRIBUTIONS.** No additional contributions of the Limited Partners have been agreed upon or are contemplated. Limited
8. **AMOUNT OF CASH AND AGREED VALUE AND DESCRIPTION OF OTHER PROPERTY CONTRIBUTED.** The Partners in the Limited Partnership have contributed their interests certain real property located in Florida with an agreed value of \$500,000.00.

**GENERAL PARTNERS:**

  
JAMES L. CHAPMAN

JAMES L. CHAPMAN FAMILY CORPORATION

By:   
JAMES L. CHAPMAN, PRESIDENT

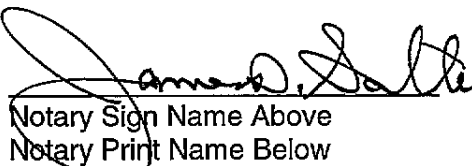
STATE OF FLORIDA  
COUNTY OF ALACHUA

The foregoing instrument was sworn to and acknowledged before me this 9<sup>th</sup> day of October, 1998, by **JAMES L. CHAPMAN**. Such person(s):

- ☒ is/are personally known to me.  
☐ produced a current Florida Driver's license as identification  
☐ produced \_\_\_\_\_ as identification.



James D. Salter  
MY COMMISSION # CC745573 EXPIRES  
May 30, 2002  
BONDED THRU TROY FAIN INSURANCE, INC.

  
Notary Sign Name Above  
Notary Print Name Below

Notary Public, State of Florida  
My Commission Expires:  
Serial Number:

(SEAL)

STATE OF FLORIDA  
COUNTY OF ALACHUA

The foregoing instrument was sworn to and acknowledged before me this 9~~th~~ day of October, 1998, by **JAMES L. CHAPMAN** as President of **JAMES L. CHAPMAN FAMILY CORPORATION**, a Florida corporation, on behalf of said corporation. Such person(s):

- (☒) is/are personally known to me.  
( ) produced a current Florida Driver's license as identification.  
( ) produced \_\_\_\_\_ as identification.



James D. Salter  
MY COMMISSION # CC745573 EXPIRES  
May 30, 2002  
BONDED THRU TROY FAIN INSURANCE, INC.

James D. Salter  
Notary Sign Name Above  
Notary Print Name Below

\_\_\_\_\_  
Notary Public, State of Florida  
My Commission Expires:  
Serial Number:

(SEAL)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
98 OCT 13 PM 3:48

**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE  
FOR THE SERVICE OF PROCESS WITHIN THIS STATE**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
98 OCT 13 PM 3:48

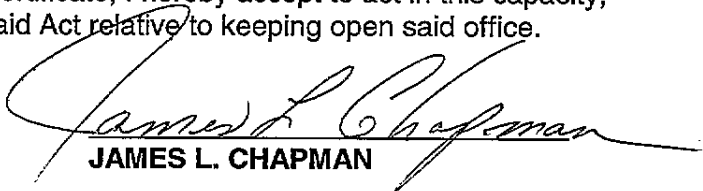
**NAMING AGENT UPON WHOM PROCESS MAY BE SERVED**

In pursuance of Section 620, Florida Statutes, the following is submitted, in compliance with said Act:

That **JAMES L. CHAPMAN PROPERTIES, LTD.** desiring to organize under the laws of the State of Florida with its principal office, as indicated in the Certificate, at City of Gainesville County of Alachua, State of Florida, has named JAMES L. CHAPMAN, 616 N.W. 99th Terrace, Gainesville, Florida 32607, 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, I hereby accept to act in this capacity, and agree to comply with the provisions of said Act relative to keeping open said office.

  
**JAMES L. CHAPMAN**