# A98000002816

# FILING COVER SHEET

REFERENCE:	0174.4936
REPERENCE.	12-21-98
DATE:	12 21 10
CONTACT:	CINDY HICKS
FROM:	CORPORATE & CRIMINAL RESEARCH SERVICES STATE
	103 N. MERIDIAN STREET
	TALLAHASSEE, FL 32301
TELEPHONE:	222-1173 - To 11/1-2010 Family
SUBJECT:	The Joy Gillespie Tandiy
	Limited farthership
STATE FEES PREPAID W	TH CHECK # 596 FOR \$ 1,837.50
PLEASE FILE:	100002718251——7 -12/22/9801004015 ***1837.50 ***1837.50
( ) ARTICLES OF INC.	( ) AMENDMENT ( ) DISSOLUTION
( ) ANNUAL REPORT	( ) WITHDRAWAL
( ) QUALIFICATION	) LIMITED PARTNERSHIP ( ) ANNUAL REPORT
( ) FICTITIOUS NAME	( ) LIMITED LIABILITY ( ) REINSTATEMENT
( ) TRADEMARK/SERVICE	( ) UCC-1 ( ) UCC-3
encoderation vict this wife.	
PROVIDE US WITH:	( ) CERTIFICATE OF STATUS ( ) STAMPED COPY
W CANALAN OUR	
	() CERTIFICATE OF STATUS () STAMPED COPY
Examiner's Initials	

### CERTIFICATE OF LIMITED PARTNERSHIP OF

#### THE JOY GILLESPIE FAMILY LIMITED PARTNERSHIP,

a Florida limited partnership

The undersigned general partner desiring to form a limited partnership pursuant to the Florida Revised Uniform Limited Partnership Law as set forth in Chapter 620 of the Florida Statutes, does hereby state the following:

1. The name of the Partnership is:

#### THE JOY GILLESPIE FAMILY LIMITED PARTNERSHIP

2. The address of the office of the Partnership is:

700 John Ringling Boulevard Sarasota, FL 34236

3. The name and address of the agent for service of process on the Partnership is as follows:

JOY SERVER 700 John Ringling Boulevard Sarasota, FL 34236

4. The name and business address of the general partner are as follows:

JOY SERVER 700 John Ringling Boulevard Sarasota, FL 34236

5. The mailing address of the Partnership is:

700 John Ringling Boulevard Sarasota, FL 34236

6. The latest date upon which the Partnership shall dissolve is December 31, 2048, unless the term of the Partnership is further extended by a Majority in Interest of the Partners as defined in the Limited Partnership Agreement.

7. The effective date of this Certificate of Limited Partnership shall be the effective date of the filing of the certificate of limited partnership with the Department of State.

JOY SER

The execution of this certificate by the undersigned general partner 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 JOY SERVER, the general partner of THE JOY GILLESPIE FAMILY LIMITED PARTNERSHIP, a Florida limited partnership, this \_\_/S+h day of \_\_Oecono., 1998.

WITNESSES:

2

## ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been named to accept service of process for THE JOY GILLESPIE FAMILY LIMITED PARTNERSHIP, at the place designated in the foregoing Certificate of Limited Partnership, I, hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I accept the duties and obligations of Section 620.192 of the Florida Statutes.

Date: \_\_\_/2-/8-98

JOY SERVER, Registered Agent

OBOC 2 PARIONS

STATE OF FLORIDA )
COUNTY OF SARASOTA )

1

#### AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned Notary Public, personally appeared JOY SERVER, the general partner of THE JOY GILLESPIE FAMILY LIMITED PARTNERSHIP, a Florida limited partnership, hereinafter referred to as "Partnership", who, upon being duly sworn, certifies as follows:

- 1. The amount of the capital contribution of the limited partners of the Partnership is \$2,000,000.
- 2. The amount of additional capital contributions of the limited partners of the Partnership anticipated is \$0.00.

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.

Cynthia Snyder	JOY SERVER JOHN
As to General Partner	"GENERAL PARTNER"
Subscribed and acknowledged before met	
1998, by JOY SERVER, who is personally know	vn to me or who has produced <u>F2. Dicuus</u> as
identification and who did not take an oath.	llavel
No	tary Public
F473	nt Name:

My Commission expires:

WITNESSES: