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WALKER & FAIRBANKS, P.A.
ATTORNEYS AND COUNSELORS AT LAW

JAMES V. WALKER
RANDAL C. FAIRBANKS

STEVEN C. KOEGLER
(OF COUNSEL)

217 Ponte Vedra Park Drive, Suite 200
Ponte Vedra Beach, Florida 32082

PLEASE REPLY TO:
P. O. Box 676
Ponte Vedra Beach, FL 32004-0676

Telephone: (904) 285-3204

Facsimile: (904) 280-8965

E-Mail: jvw@w-k.com

Jacksonville Office: (904) 998-9800

January 29, 1999

Attention: Limited Partnership Filing Section

Corporation Division

Post Office Box 6327

Tallahassee, Florida 32314

300002760793--3

-02/01/99--01129--029

***1785.00 ***1785.00

Re: Cooksey Family Limited Partnership

Ladies and Gentlemen:

Enclosed is the original and one copy of the Certificate of Limited Partnership (including the Affidavit of Contributions) for the above partnership to be filed in your office. Also enclosed is our check in the amount of \$1,785.00 to cover the following filing fees:

Filing Fee	\$1,750.00
Registered Agent fee	35.00
Total	\$1,785.00

Should you have any questions regarding this partnership, please do not hesitate to call me. Please return the copy of the Limited Partnership Certificate to me at our post office box address.

Very truly yours,

WALKER & FAIRBANKS, P.A.

Peggy D. Adolphson

Peggy D. Adolphson
Certified Legal Assistant

pa
Enclosures

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Name	
Availability	
Document Examiner	
Updater	
U	
Verifier	
Acknowledgement	
W. P. Verifier	

99 FEB - 1 AM 8:52
SECRETARY OF STATE
DIVISION OF CORPORATIONS

**CERTIFICATE OF LIMITED PARTNERSHIP
AND
AFFIDAVIT OF CAPITAL CONTRIBUTIONS**

Cooksey Family Limited Partnership

This Certificate of Limited Partnership made and entered into this 15th day of January, 1999, by and between **J. Bryan Cooksey Jr. and Jane Cooksey** as the General Partners (collectively, the "General Partner") and the Limited Partners ("Limited Partners"), whereby the parties hereto agree and form a Limited Partnership pursuant to Chapter 620 of the Florida Statutes and do hereby swear, affirm and certify as follows:

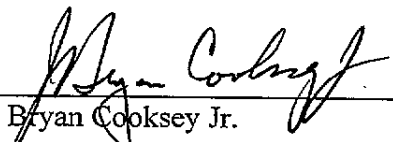
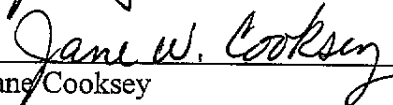
1. The name of the Limited Partnership is Cooksey Family Limited Partnership.
2. The purpose of the Limited Partnership is to own, hold, manage, sell or otherwise dispose of investments of any kind and nature.
3. The principal place of business of the Limited Partnership is c/o Walker & Fairbanks, P.A., 217 Ponte Vedra Park Drive, Suite 200, Ponte Vedra Beach, Florida 32082, and its mailing address is Post Office Box 676, Ponte Vedra Beach, Florida 32004.
4. The names and address of the General Partners are:

J. Bryan Cooksey Jr. and Jane Cooksey
Post Office Box 2221
Jacksonville, Florida 32203
5. The name and address of the agent for service of process for the Limited Partnership shall be James V. Walker, 217 Ponte Vedra Park Drive, Suite 200, Ponte Vedra Beach, Florida 32082.
6. The Affidavit of Capital Contributions is attached hereto as Schedule A; the Limited Partners shall have no responsibility for additional contributions to the Partnership. The total of the anticipated contributions of the limited partners is \$764,000.00.
7. The Limited Partnership and limitation of liability of the Limited Partners shall commence on the date of filing with the Secretary of State of Florida and shall continue until December 31, 2030.

Under the penalties of perjury, we, J. Bryan Cooksey Jr. and Jane Cooksey, declare that we have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

RECEIVED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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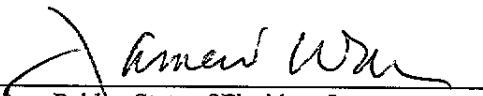
GENERAL PARTNERS:

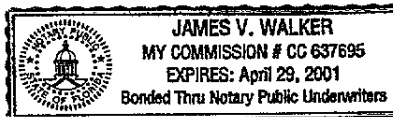

J. Bryan Cooksey Jr.

Jane Cooksey

STATE OF FLORIDA)

COUNTY OF ST. JOHNS)

The foregoing Certificate of Limited Partnership was acknowledged before me this 15th day of January, 1999, by J. Bryan Cooksey Jr. ☒ who is personally known to me or ☐ who has produced _____ as identification, and who acknowledged that he signed such instrument of his own free will.

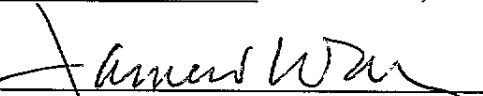

Notary Public, State of Florida at Large
Notary's printed or stamped name:
My commission expires:

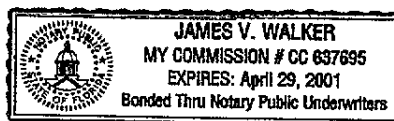


STATE OF FLORIDA)

COUNTY OF ST. JOHNS)

The foregoing Certificate of Limited Partnership was acknowledged before me this 15th day of January, 1999, by Jane Cooksey ☒ who is personally known to me or ☐ who has produced _____ as identification, and who acknowledged that she signed such instrument of his own free will.


Notary Public, State of Florida at Large
Notary's printed or stamped name:
My commission expires:



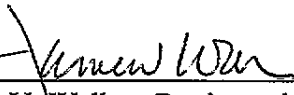
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**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR
DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS
STATE, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED**

First that Cooksey Family Limited Partnership, filing its Certificate of Limited Partnership pursuant to Chapter 620 of the laws of the State of Florida, with its principal office in the State of Florida has named James V. Walker, located at 217 Ponte Vedra Park Drive, Suite 200, Ponte Vedra Beach, Florida 32082, 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, and being familiar with the duties and responsibilities as registered agent for said Limited Partnership, I hereby agree to act in this capacity and to comply with the provisions of said laws.

By: 
James V. Walker, Registered Agent

Schedule "A"
AFFIDAVIT OF CAPITAL CONTRIBUTIONS

STATE OF FLORIDA)

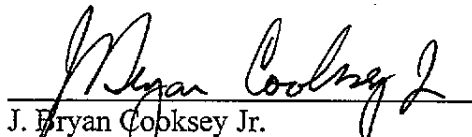
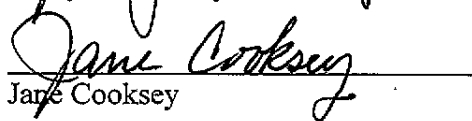
COUNTY OF ST. JOHNS)

The undersigned constituting all of the General Partners of Cooksey Family Limited Partnership do hereby certify:

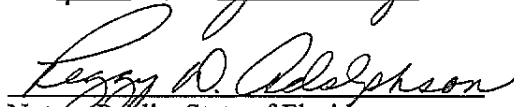
The amount of capital contributions to date is \$764,000 and no other contributions are anticipated to be made.

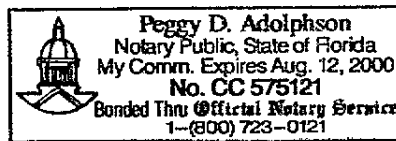
Under the penalties of perjury, we, J. Bryan Cooksey Jr. and Jane Cooksey, declare that we have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

GENERAL PARTNERS:


J. Bryan Cooksey Jr.

Jane Cooksey

Sworn to and subscribed to before me
this 15th day of January, 1999


Notary Public, State of Florida
Notary's Stamped or Printed Name:
My commission expires:



✓ Personally known
 Produced _____ as identification