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McLin Burnsed Morrison
Johnson Newman & Roy

PROFESSIONAL
ASSOCIATION

ATTORNEYS AT LAW

R. Dewey Burnsed
Christopher V. Carlyle
Stephen W. Johnson
Walter S. McLin, III
G. Michael Mahoney
Fred A. Morrison
Richard P. Newman
John R. Reid, Jr.
Steven M. Roy
Jeffrey P. Skates
Phillip S. Smith
M. Catherine Wellman

March 17, 1999

00789-02544-00071
W99-7365

4/12

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

800002813409--7
-03/22/99--01095--009
****735.00 ****735.00

Re: M3P, Ltd.

Dear Ladies and Gentlemen:

Enclosed for filing is the Certificate of Limited Partnership, as well as the Affidavit of Capital Contribution as to the referenced partnership. Also enclosed is our check in the amount of \$735.00, representing the filing fee as well as the registered agent fee.

Thank you for your consideration and, if you need anything further, please contact me.

Sincerely,

R. Dewey Burnsed

R. Dewey Burnsed

RDB:amr
Enclosures

amr:docs:ltcptr.ltr

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 APR 12 AM 10:46



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

March 26, 1999

R. DEWEY BURNSED
MCLIN BURNSED MORRISON JOHNSON NEWMAN RO
P.O. BOX 1299
THE VILLAGES, FL 32159

SUBJECT: M3P, LTD.
Ref. Number: W99000007365

We have received your document for M3P, LTD. and your check(s) totaling \$735.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6967.

Michelle Hodges
Document Specialist

Letter Number: 099A00015425

99 APR 12 AM 10:46

CERTIFICATE OF LIMITED PARTNERSHIP
OF
PM3, LTD.

1. The name under which the partnership is to be conducted is "PM3, Ltd."
2. The business address of the office and mailing address for the partnership is:

1100 Main Street
The Villages, Florida 32159
3. The name and address of the agent for service of process required to be maintained by Florida Statute Section 620.105 is as follows:

R. DEWEY BURNS
1100 Main Street, Suite 211
The Villages, Florida 32159

4. The Registered Agent hereby signs his acceptance of appointment as Registered Agent for Service of Process and agrees to comply with the provisions of all statutes relating to the proper and complete performance of his duties and obligations of the position of Registered Agent.

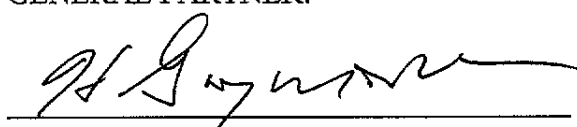

R. DEWEY BURNS

5. The latest date upon which the partnership is to be dissolved is January 1, 2020.
6. The name and address of the general partner is:

H. Gary Morse
1100 Main Street
The Villages, Florida 32159

This certificate executed by the General Partner the 5th day of April, 1999.

GENERAL PARTNER:


H. Gary Morse

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

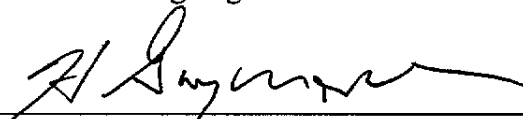
BEFORE ME, the undersigned, personally appeared H. Gary Morse, the General Partner of PM3, LTD., limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is \$1,000.00.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$100,000.00.

Dated this 5th day of April, 1999.

Further affiant sayeth not.

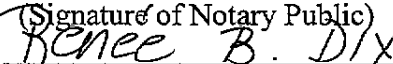
Under penalties of perjury I declare that I have read the foregoing and that the facts are true, to the best of my knowledge and belief.


H. Gary Morse

STATE OF FLORIDA
COUNTY OF LAKE

The foregoing instrument was acknowledged before me this 5th day of April, 1999, by H. Gary Morse..


NOTARY PUBLIC - STATE OF FLORIDA

(Signature of Notary Public)


(Print Name of Notary Public)

My Commission Expires: 10-19-2002

Serial/Commission Number: 777371

Personally Known ☒ or Produced Identification ☐

Type of Identification Produced: _____

