

CCRS
103 N. MERIDIAN STREET, TOWER 1, V
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

A99000001067

CONTACT: CINDY HICKS

DATE: 7-1-99

REF. #: 0174. 7387

CORP. NAME: The Slattery Family Limited

Partnership

FILED STATE
SECRETARY OF CORPORATIONS
99 JUL -1 PM 1:09

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> CERT. OF AUTHORITY | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | <input type="checkbox"/> UCC-1 | <input type="checkbox"/> UCC-3 |
| <input type="checkbox"/> OTHER: _____ | | |

RECEIVED
99 JUL -1 AM 10:30

STATE FEES PREPAID WITH CHECK# 275 FOR \$ 1,837.50

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

200002920602--4
-07/01/99--01041--002
***1837.50 ***1837.50

COST LIMIT: \$ _____

PLEASE RETURN:

☒ CERTIFIED COPY

☐ CERTIFICATE OF STATUS

☐ PLAIN STAMPED COPY

Examiner's Initials

BK 7/1/99

CERTIFICATE OF LIMITED PARTNERSHIP OF
THE SLATTERY FAMILY LIMITED PARTNERSHIP,
a Florida limited partnership

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 JUL -1 PM 1:09

The undersigned general partners 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, do hereby state the following:

1. The name of the Partnership is:

THE SLATTERY FAMILY LIMITED PARTNERSHIP

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

c/o CSC
1819 Main Street, Suite 1000
Sarasota, FL 34236

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

James F. Slattery
c/o CSC
1819 Main Street, Suite 1000
Sarasota, FL 34236

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

James F. Slattery and Diane L. Slattery, as
Tenants by the Entireties.
c/o CSC
1819 Main Street, Suite 1000
Sarasota, FL 34236

5. The mailing address of the Partnership is:

c/o CSC
1819 Main Street, Suite 1000
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.

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 JAMES F. SLATTERY and DIANE L. SLATTERY, as tenants by the entirety, the general partner of THE SLATTERY FAMILY LIMITED PARTNERSHIP, a Florida limited partnership, this the 14 day of AUGUST, 1998.

WITNESSES:

[Signature]
Cynthia L. Snyder
[Signature]
Cynthia L. Snyder

"GENERAL PARTNER"

[Signature]
JAMES F. SLATTERY, as Tenant
by the Entirety

[Signature]
DIANE L. SLATTERY, as Tenant
by the Entirety

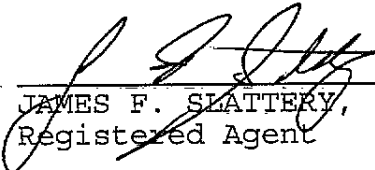
ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 JUL - 1 PM 1:09

Having been named to accept service of process for THE SLATTERY 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: _____

8/14/98



JAMES F. SLATTERY,
Registered Agent

STATE OF FLORIDA
COUNTY OF SARASOTA

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned Notary Public, personally appeared JAMES F. SLATTERY and DIANE L. SLATTERY, as tenants by the entireties, the general partner of THE SLATTERY 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 \$1,960,000.00.
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.

WITNESSES:

GENERAL PARTNERS:

Thurmond D. Dunn

[Signature]

Thurmond D. Dunn

[Signature]

[Signature]
JAMES F. SLATTERY, as Tenant
by the Entirety

[Signature]
DIANE L. SLATTERY, as Tenant
by the Entirety

Subscribed and acknowledged before me this 14 day of August, 1998, by JAMES F. SLATTERY, who is personally known to me or who has produced as identification and who did not take an oath.

Cynthia L. Snyder
Notary Public
Print Name: _____

My Commission expires:



CYNTHIA L. SNYDER
MY COMMISSION # CC414901 EXPIRES
October 20, 1998
PRODUCED THROUGH TROY FAIR INSURANCE, INC.

Subscribed and acknowledged before me this 14th day of August, 1998, by DIANE L. SLATTERY, who is personally known to me or who has produced as identification and who did not take an oath.

Cynthia L. Snyder
Notary Public
Print Name: _____



CYNTHIA L. SNYDER
MY COMMISSION # CC414901 EXPIRES
October 20, 1998