

A99000001108

NOLL FAMILY LTD. PARTNERSHIP
P.O. BOX 1515
WINTER HAVEN, FL 33882

City/State/Zip

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. 00789-00524-00671 W99-14650
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☐ Walk in

☐ Pick up time _____

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

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***1218.00 ***1218.00

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 JUL -9 AM 10:41

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

June 23, 1999

THE NOLL FAMILY LIMITED PARTNERSHIP
P.O. BOX 1515
WINTER HAVEN, FL 33882

SUBJECT: THE NOLL FAMILY LIMITED PARTNERSHIP
Ref. Number: W99000014650

We have received your document for THE NOLL FAMILY LIMITED PARTNERSHIP and your check(s) totaling \$1218.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Certificate must include the address of the General Partner.,

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: 799A00033473

CERTIFICATE OF LIMITED PARTNERSHIP
OF THE NOLL FAMILY LIMITED PARTNERSHIP

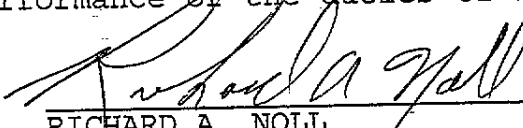
1. The name of the limited partnership is:

THE NOLL FAMILY LIMITED PARTNERSHIP
2. The business address of the limited partnership is:

P. O. Box 1515, Winter Haven, FL 33882-1515
3. The name of the registered agent for service of process on the limited partnership is:

Richard A. Noll
4. The street address for the registered agent for the limited partnership is:

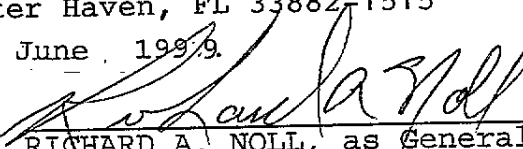
728 Avenue A, SW, Winter Haven, FL 33880
5. I hereby agree to accept service of process for the limited partnership and to comply with any and all statutes relative to the complete performance of the duties of registered agent.



RICHARD A. NOLL
6. The mailing address of the limited partnership is:

P. O. Box 1515, Winter Haven, Florida, 33882-1515
7. The latest date on which the limited partnership is to be dissolved is December 31, 2025.
8. The name of the sole General Partner of the limited partnership is:

RICHARD A. NOLL
P. O. Box 1515, Winter Haven, FL 33882-1515
Signed this 11 day of June, 1999.



RICHARD A. NOLL, as General
Partner of The Noll Family
Limited Partnership

P. O. Box 1515
Winter Haven, FL 33882-1515

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DIVISION OF CORPORATIONS
99 JUL -9 AM 10:41

AFFIDAVIT OF CONTRIBUTIONS

STATE OF FLORIDA
COUNTY OF POLK

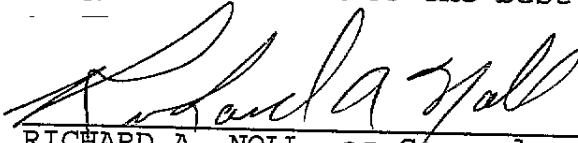
BEFORE ME, the undersigned, being the General Partner of THE NOLL FAMILY LIMITED PARTNERSHIP, a Florida limited partnership, certifies as follows:

1. The amount of capital contributions to date of the limited partners is \$ 168,527.
2. The total amount contributed and anticipated to be contributed by the limited partners at this time totals \$ 168,527.

DATED: June 17th, 1999.

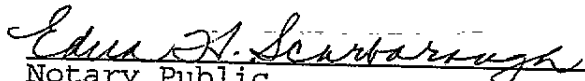
FURTHER AFFIANT SAYETH NOT.

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


RICHARD A. NOLL, as General
Partner of The Noll Family
Limited Partnership

P. O. Box 1515
Winter Haven, FL 33882-1515

SWORN to and subscribed before me this 17th day of June, 1999, by Richard A. Noll, the General Partner of THE NOLL FAMILY LIMITED PARTNERSHIP, on behalf of the Partnership. He is personally known to me or has produced _____ as identification.


Notary Public
Name Edna H. Scarborough

My Commission Expires:

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