

CCRS  
103 N. MERIDIAN STREET, LOWER LEVEL  
TALLAHASSEE, FL 32301  
222-1173

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FILING COVER SHEET  
ACCT. #FCA-14

CONTACT: CINDY HICKS

DATE: 8-16-99

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-08/16/99--01012--026  
\*\*\*1837.50 \*\*\*1837.50

REF. #: 0174-7925

CORP. NAME: The Rolls Family Limited Partnership

- |  |   |  |
|--|---|--|
| <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"/> FOREIGN QUALIFICATION       | <input checked="" type="checkbox"/> LIMITED PARTNERSHIP | <input 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: _____                |   |  |

STATE FEES PREPAID WITH CHECK# 2144 FOR \$ 1,837.50

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED: \_\_\_\_\_

COST LIMIT: \$ \_\_\_\_\_

PLEASE RETURN:

- ☒ CERTIFIED COPY      ☐ CERTIFICATE OF GOOD STANDING      ☐ PLAIN STAMPED COPY

Examiner's Initials \_\_\_\_\_

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
99 AUG 16 AM 10:47  
RECEIVED  
20 AUG 16 AM 10:06  
STATE OF FLORIDA  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

3/16/99

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

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:

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DIVISION OF CORPORATIONS  
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1. The name of the Partnership is:

THE ROLLS FAMILY LIMITED PARTNERSHIP

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

4700 Long Lake Drive  
Sarasota, FL 34233

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

ELIZABETH E. ROLLS  
4700 Long Lake Drive  
Sarasota, FL 34233

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

ELIZABETH E. ROLLS  
4700 Long Lake Drive  
Sarasota, FL 34233

5. The mailing address of the Partnership is:

4700 Long Lake Drive  
Sarasota, FL 34233

6. The latest date upon which the Partnership shall dissolve is December 31, 2049 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 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 ELIZABETH E. ROLLS, the general partner of THE ROLLS FAMILY LIMITED PARTNERSHIP, a Florida limited partnership, this 12TH day of August, 1999.

WITNESSES:

Georgia G. Hoffman

Wm D. Dunn  
As to General Partner

Elizabeth E. Rolls  
ELIZABETH E. ROLLS

"GENERAL PARTNER"

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

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Having been named to accept service of process for THE ROLLS 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: August 12, 1999

  
ELIZABETH E. ROLLS, Registered Agent

STATE OF FLORIDA )  
COUNTY OF SARASOTA )

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DIVISION OF CORPORATIONS  
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**AFFIDAVIT OF CAPITAL CONTRIBUTIONS**

BEFORE ME, the undersigned Notary Public, personally appeared ELIZABETH E. ROLLS, the general partner of THE ROLLS 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 \$ 600,000.00.
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:

Georgia G. Hoffmann

Elizabeth E. Rolls  
ELIZABETH E. ROLLS

Mark D. Dunn  
As to General Partner

"GENERAL PARTNER"

Subscribed and acknowledged before me this 12TH day of AUGUST 1999, by ELIZABETH E. ROLLS, who is personally known to me or who has produced N/A as identification and who did not take an oath.

William Martin  
Notary Public WILLIAM MARTIN  
Print Name: \_\_\_\_\_

My Commission expires:



WILLIAM MARTIN  
Notary Public, State of Florida  
My Comm. Exp. Aug. 18, 2001  
Comm. No. CC 672411