

CCRS
103 N. MERIDIAN STREET, LOWMYER BUILDING
TALLAHASSEE, FLORIDA 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

File 1st
A 99000001607

CONTACT: CINDY HICKS

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-10/01/99--01049--001
***1785.00 ***1785.00

DATE: 10-1-99

REF. #: 0163. 8466

CORP. NAME:

Crofton Family Limited
Partnership

FILED OF STATE
SECRETARY OF CORPORATIONS
99 OCT - 1 PM 1:33

- | | | |
|--|---|--|
| <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: _____ | | |

by 10/1/99

STATE FEES PREPAID WITH CHECK# 599.3 FOR \$ 1,785.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

COST LIMIT: \$ _____

PLEASE RETURN:

- | | |
|--|---|
| <input type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING |
| <input type="checkbox"/> CERTIFICATE OF STATUS | |

☒ PLAIN STAMPED COPY

Examiner's Initials _____

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99 OCT - 1 AM 11:10
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SECRETARY OF CORPORATIONS
TALLAHASSEE, FLORIDA

**CERTIFICATE OF LIMITED PARTNERSHIP
OF
CROFTON FAMILY LIMITED PARTNERSHIP**

The undersigned hereby executes and swears to this Certificate of Limited Partnership for the purpose of forming a limited partnership under the laws of the State of Florida.

1. Name of Partnership. The name of the Partnership shall be **CROFTON FAMILY LIMITED PARTNERSHIP** (the "Partnership").

2. Address of Recordkeeping Office; Agent for Service of Process. The records to be kept pursuant to *Florida Statute* Section 620.106 shall be located at 10250 Woodberry Road, Tampa, Florida 33619, and the name of the Partnership's agent for service of process at said address is N. Duwayne Crofton.

3. Name and Business Address of the General Partner. The name and business address of the General Partner are as follows:


<u>Name</u>	<u>Address</u>
N. Duwayne Crofton	10250 Woodberry Road Tampa, Florida 33619

4. Mailing Address for the Partnership. The mailing address for the Partnership shall be located at 10250 Woodberry Road, Tampa, Florida 33619.

5. Term. The term for which the Partnership is to exist shall be fifty (50) years from the filing of this Certificate in the Office of the Secretary of State of the State of Florida, unless sooner terminated in accordance with the Limited Partnership Agreement for the Partnership.

DATED this 22ND day of SEPTEMBER, 1999.

GENERAL PARTNER:


N. Duwayne Crofton

STATE OF FLORIDA
COUNTY OF HILLSBOROUGH

The foregoing was acknowledged before me this 22nd day of SEPTEMBER, 1999, by N. Duwayne Crofton, as the sole general partner of CROFTON FAMILY LIMITED PARTNERSHIP, who is personally known to me and who did not take an oath.

Cathy C. Horne
NOTARY PUBLIC
Name: CATHY C. HORNE
Serial No. CC 839817
My Commission Expires: 05/25/2003

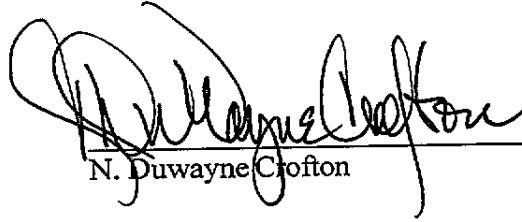
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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10408-002-670037

ACCEPTANCE BY REGISTERED AGENT

Having been named Registered Agent and designated to accept service of process for the within-named Partnership, at the place designated herein, 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.


N. Duwayne Crofton

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AFFIDAVIT OF CAPITAL CONTRIBUTIONS

I, N. Duwayne Crofton, as the sole general partner of CROFTON FAMILY LIMITED PARTNERSHIP, a Florida limited partnership, hereinafter referred to as the "Partnership," who, upon being sworn, certifies as follows:

1. The limited partners have contributed \$250,000.00 to the capital of the Partnership in the form of property composed of stock in Crofton & Sons, Inc.
2. It is anticipated that the limited partners shall contribute no additional contributions in the future.

This 22nd day of September, 1999.

FURTHER AFFIANT SAYETH NOT.

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.

GENERAL PARTNER:

N. Duwayne Crofton

STATE OF FLORIDA
COUNTY OF HILLSBOROUGH

The foregoing instrument was acknowledged before me this 22nd day of September 1999, by N. Duwayne Crofton, as sole general partner of CROFTON FAMILY LIMITED PARTNERSHIP, a Florida limited partnership, on behalf of said limited partnership, who is personally known to me and who did take an oath.

Cathy C. Horne
NOTARY PUBLIC

Name: CATHY C. HORNE

Commission No. CC 839817

My Commission Expires: 05/25/2003

10408-002-670037

