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WILLIAM KEENE, M.D., J.D.
ATTORNEY-AT-LAW

October 13, 1999

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL. 32399

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-10/18/99--01117--013
*****87.50 *****87.50

ATTN: Limited Partnership Division

Dear Sir or Madam:

Enclosed please find one (1) original and two (2) copies of the following:

1. Certificate of The Dolister Family Limited Partnership;
2. Affidavit of Capital Contribution;
3. Certificate Designating Registered Agent;

Also, enclosed find our firm's check in the amount of \$87.50 which represents the filing fee and \$35.00 for the Certificate of Registered Agent.

Please file the original and return the Certificate of Authority and copies to the address below.

Thank you for your assistance in this matter.

Cordially yours,

William Keene

William Keene
Attorney-At-Law

WK/rjw
Enclosures

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 OCT 18 PM 2:00

CERTIFICATE OF THE DOLISTER FAMILY LIMITED PARTNERSHIP

THIS CERTIFICATE is executed on August 27, 1999 with respect to the agreement of the Dolister Family Limited Partnership. ("the partnership").

1. Name: The partnership's name is the Dolister Family Limited Partnership.

2. Partnership's Business:

- A. To purchase, lease, or otherwise acquire, sell, sublease or otherwise dispose of properties of every kind and nature, to operate a business in or expand any properties acquired, to manage businesses located on properties not owned by the Partnership, and generally to engage in the business of dealing in investment properties.
- B. To conduct business, hold, mortgage, sell, convey, lease or otherwise dispose of real or personal property including franchises, patents, copyrights, trademarks and licenses or the State of Florida, and in all other states and countries.
- C. To contract debts and borrow money, issue, sell, or place bonds, debentures, notes and other evidences of debt, and execute mortgages, transfers of Partnership property, or other instruments to secure the payment of Partnership indebtedness.
- D. To guarantee, endorse, purchase, hold, sell, transfer, mortgage, pledge or otherwise acquire or dispose of shares of capital stock, bonds, securities, or other evidences of indebtedness created by any person, firm or corporation, and while the owner of such stock, exercise all of the rights, powers, and privileges of ownership, including the right to vote the stock.
- E. To purchase the assets of any other person, firm, or corporation and engage in the same or other character of business.

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STATE OF FLORIDA
CLERK OF COURTS
JUL 27 1999
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CERTIFICATE OF THE DOLISTER FAMILY LIMITED PARTNERSHIP
Page 2 of 3

- F. To enter into, make, and perform contracts for any lawful purpose pertaining to the business of the Partnership without limit as to amount, with any person, firm, syndicate, association, corporation, or governmental entity, domestic or foreign.
- G. To sell, lease and manage various real properties for the provision of mental health and other related services.
- H. To exercise all the powers of like partnerships confirmed by the laws of the State of Florida. The purposes listed above shall not limit or restrict this Partnership.
3. **Registered Agent:** The name and post office address of the partnership's registered agent is:
- Tara Grant Dolister
1112 Kelton Blvd.
Gulf Breeze, FL. 32561
- She resides and has her business address within the State of Florida.
4. **Business Address of Limited Partnership:** The post office address at which all records are kept and business address of the Limited Partnership is:
- 1112 Kelton Blvd.
Gulf Breeze, FL. 32561
5. **Mailing Address of Limited Partnership:**
- 1112 Kelton Blvd.
Gulf Breeze, FL. 32561

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CLERK OF STATE
99 OCT 18 PM 2:00
DIVISION OF CORPORATIONS

CERTIFICATE OF THE DOLISTER FAMILY LIMITED PARTNERSHIP

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6. **Partners:** The name and post office address of the general partner is:

Tara Grant Dolister
1112 Kelton Blvd.
Gulf Breeze, FL. 32561

7. **Dissolution:** The latest date on which the limited partnership is to be dissolved and its affairs wound up is December 31, 2025.

IN WITNESS WHEREOF, the undersigned general partners have signed and sealed this certificate, on the day and year first above written.

Tara Grant Dolister

Tara Grant Dolister

Identification Accepted as to:
Tara Grant Dolister

personally known

Sworn to and subscribed to me this 27th day of August 1999.

Roger Watson

Notary Public, State of Florida

My Commission Expires: _____

Expires September 13, 2002
My Commission CC774637
Roger Watson

Prepared By:

William Keene
Attorney-At-Law
601 93rd Avenue, North
St. Petersburg, FL. 33702
727/577-7802

SPN#: 01461760
Bar#: 0864676

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Roger Watson
My Commission CC774637
Expires September 13, 2002

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 OCT 18 PM 2:00

AFFIDAVIT OF CAPITAL CONTRIBUTION

STATE OF FLORIDA
COUNTY OF ESCAMBIA

BEFORE ME, the undersigned authority, personally appeared Dr. Michael J. Dolister, who, after being duly sworn, deposes and says:

1. That he is the General Partner of the DOLISTER FAMILY LIMITED PARTNERSHIP and his business address is 1112 Kelton Blvd., Gulf Breeze, FL. 32561.

2. The initial amount contributed to the Partnership by the General Partner is Twenty Dollars and no cents (\$20.00) according to the following schedule:

<u>General Partner</u>	<u>Amount Contributed</u>
Tara Grant Dolister	\$20.00

3. The names, addresses and amount contributed and anticipated to be contributed by the Limited Partners is as follows:

<u>Limited Partner</u>	<u>Address</u>	<u>Amount Contributed</u>
Michael J. Dolister	1112 Kelton Blvd. Gulf Breeze, FL. 32561	\$990.00
Tara Grant Dolister	1112 Kelton Blvd. Gulf Breeze, FL. 32561	\$990.00

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DIVISION OF CORPORATIONS
99 OCT 18 PM 2:00

Affidavit of Capital Contribution
Dolister Family Limited Partnership
Page 2 of 2

4. The liability of any Limited Partner for any debts or obligations of or to the Partnership at any time should be limited to the amount then contributed by him to the capital of the Partnership and his share in the undistributed net profits.

FURTHER AFFIANT SAYETH NOT.

Tara Grant Dolister
Tara Grant Dolister
General Partner

ID Presented:

personally known

Sworn to and subscribed before me this 27th day of August, 1999.

Roger Watson
NOTARY PUBLIC, State of Florida

My Commission expires: _____



Roger Watson
My Commission CC774637
Expires September 13, 2002

FILED
STATE OF FLORIDA
CLERK OF SUPERIOR COURT
59 OCT 18 PM 2:00

CERTIFICATE DESIGNATING REGISTERED AGENT AND
PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE
OF PROCESS WITHIN FLORIDA, AND ACCEPTANCE OF
AGENT UPON WHOM PROCESS MAY BE SERVED

In compliance with sections 48.091 and 620.105,
Florida Statutes, the following is submitted:

FIRST: That the DOLISTER FAMILY LIMITED PARTNERSHIP,
desiring to organize or qualify as a limited partnership
under the laws of the State of Florida, with its principal
place of business at 1112 Kelton Blvd., Gulf Breeze, FL.
32561 and mailing address of 1112 Kelton Blvd., Gulf
Breeze, FL. 32561 has named Tara Grant Dolister, 1112
Kelton Blvd., Gulf Breeze, FL. 32561 as its agent to
accept service of process within Florida.

Dated: August 27, 1999

Tara Grant Dolister
Tara Grant Dolister

Having been named to accept service of process for the
above named Limited Partnership, at the place designated in
this Certificate, I hereby agree to act in this capacity,
and I further agree to comply with the provisions of all
statutes relative to the proper performance of my duties.

Tara Grant Dolister
Tara Grant Dolister
Registered Agent

Dated and signed this 27th day of August, 1999

Roger Watson
Notary Public

99 OCT 18 PM 2:00
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

My Commission Expires: _____

ID Accepted: personally known

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Roger Watson

My Commission CC774837

Expires September 13, 2002