

Thomas G. Wilkinson  
 Requestor's Name  
 P. O. Box 138  
 Address  
 Marianna, FL 32447 850-482-4000  
 City/State/Zip Phone #

A9900000 2226

Office Use Only

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

1. The Arnold Family Land Limited Partnership  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 99 DEC 28 PM 1:33

- ☒ 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

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

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

BK  
 12/28/99

600003081976--1  
 -12/28/99--01055--015  
 \*\*\*1785.00 \*\*\*1785.00

600003081976--1  
 -12/28/99--01055--017  
 \*\*\*\*\*105.00 \*\*\*\*\*52.50

Examiner's Initials	
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## CERTIFICATE OF LIMITED PARTNERSHIP

1. THE ARNOLD FAMILY LAND LIMITED PARTNERSHIP  
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")
2. 5323 Brown Street, Graceville, FL 32440  
(Business address of Limited Partnership)
3. WILLIAM HENRY ARNOLD  
(Name of Registered Agent for Service of Process)
4. 3823 Highway 2, Graceville, FL 32440  
(Florida street address for Registered Agent)
5. William Henry Arnold  
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)
6. P. O. Box 155, Graceville, FL 32440  
(Mailing Address of the Limited Partnership)

7. The latest date upon which the Limited Partnership is to be dissolved is: DEC 23, 2050
8. Name(s) of general partner(s): \_\_\_\_\_ Street address: \_\_\_\_\_

<u>William Henry Arnold</u>	<u>3823 Highway 2</u>
_____	<u>Graceville, FL 32440</u>
_____	_____
_____	_____

*Under penalties of perjury I (we) declare that I (we) have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.*

Signed this 23rd day of December, 19 99.

Signature of all general partners:

William Henry Arnold  
General Partner

\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner

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**AFFIDAVIT OF CAPITAL CONTRIBUTIONS  
FOR FLORIDA LIMITED PARTNERSHIP**

The undersigned constituting all of the general partners of The Arnold Family Land  
Limited Partnership

a Florida Limited Partnership, certify:

The amount of capital contributions to date of the limited partners is \$ 532,578.00.

The total amount contributed and anticipated to be contributed by the limited partners at this time  
totals \$ 532,578.00.

Signed this 23rd day of December, 19 99.

FURTHER AFFIANT SAYETH NOT.

*Under the penalties of perjury I (we) declare that I (we) have read the foregoing and know the  
contents thereof and that the facts stated herein are true and correct.*

William Henry Arnold  
General Partner

\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner

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