

602000000315

LANIGAN & ASSOCIATES, P.C.
 CERTIFIED PUBLIC ACCOUNTANTS
 1292 Timberlane Road
 Tallahassee, FL 32312
 (850) 893-8418

9/25 FOR UO
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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. 00789-00167-00507-001671
 (Corporation Name) (Document #)
2. fees - \$525 + 35 = \$560 total
 (Corporation Name) (Document #)
3. _____
 (Corporation Name) (Document #)
4. _____
 (Corporation Name) (Document #)

W02-25712

FILED
 02 SEP 25 AM 10:45
 TALLAHASSEE FLORIDA

- ☐ 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 type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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 -09/04/02--01061--010
 *****87.50 *****87.50

\$87.50-LP

Examiner's Initials



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

September 16, 2002

LANIGAN & ASSOCIATES, P.C.
1292 TIMBERLANE ROAD
TALLAHASSEE, FL 32312

SUBJECT: M. C. DIXON FAMILY PARTNERSHIP, LLLP
Ref. Number: W02000025712

We have received your document for M. C. DIXON FAMILY PARTNERSHIP, LLLP and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

You must add a limited partnership suffix to the name, such as LTD., LIMITED, or LIMITED PARTNERSHIP.

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) 245-6967.

Michelle Hodges
Document Specialist

Letter Number: 802A00052707

**APPLICATION BY FOREIGN LIMITED PARTNERSHIP FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

1. M. C. Dixon Family Limited Partnership, LLP
(Name of limited partnership as it is in the home state)
2. _____
(If name is unavailable, name under which the limited partnership proposes to register or transact business in Florida;
must contain the word "LIMITED" or "LTD.")
3. Georgia 4. 12/01/97
(State of Formation) (Date of Formation)
5. Frank J. Mercer
(Name of Registered Agent for Service of Process)
6. 1292 Timberlane Road
(Street Address of Registered Office)
- Tallahassee, Florida 32312
(City) (Zip Code)
7. Acceptance by the Registered Agent for Service of Process:
[Signature]
(Agent must sign on this line)
8. 711 West Washington Street
Eufaula, AL 36072
(Address of registered office required in state of formation or, if not required, address of principal office.)
9. NAMES OF GENERAL PARTNERS STREET ADDRESS
- Michael C. Dixon, Sr. 711 West Washington Street Eufaula, AL 36072
- Robert M. Dixon, Sr. 711 West Washington Street Eufaula, AL 36072
10. 711 West Washington Street Eufaula, AL 36072
(Office where Names, Addresses and Contributions of Limited Partners are kept.)
11. The limited partnership will undertake to keep the records listing the addresses and capital contributions of the limited partner or limited partners until the limited partnership's registration in Florida is canceled or withdrawn.

CONTINUED

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02 SEP 25 AM 10:45
TALLAHASSEE FLORIDA

12. 711 West Washington StreetEufaula, AL 36072

(Mailing Address of Limited Partnership)

Under penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 27th day of August, 2002

[Signature]
General Partner

STATE OF

Alabama

COUNTY OF

Barbour

On this 27th day of August, 2002

Michael C. Dixon, personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

[Signature]
(Notary Public Signature)

Ralph Baker
(Notary's Printed Name)

Seal

My Commission Expires:

6/14/06

LAURENCE & ASSOCIATES - THOMASVILLE
NO. 342 0008

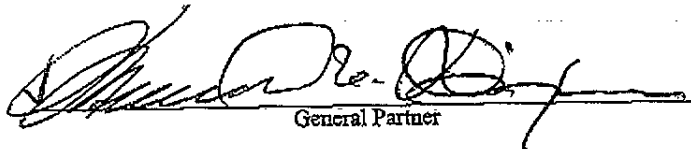
AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared Michael C. Dixon
a general partner of M C Dixon Family Limited Partnership (an) LLLP
limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is \$ 2,805,631.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ ~~25,000~~ 7,500

Under the penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 27th day of August, 2002


General Partner

STATE OF Alabama
COUNTY OF Barbour

On this 27th day of August, 2002,

Michael C. Dixon, personally appeared before me,

- ☒ who is personally known to me
☐ whose identity I proved on the basis of _____


(Notary Public Signature)


(Notary's Printed Name)

Seal My Commission Expires: 6/14/06