

B07000000279

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

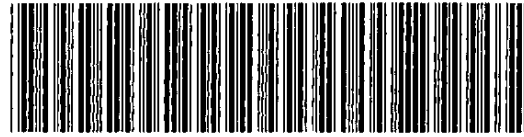
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

LLP

Office Use Only



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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SAMS' Family Limited Partnership LLLP
(Name of Foreign Limited Partnership or Limited Liability Limited Partnership)

The enclosed application, certificate of status and fees are submitted to register a foreign limited partnership or limited liability limited partnership to transact business in Florida. Please return all correspondence concerning this matter to:

GARY M. SAMS
(Contact Person)

(Firm/Company)

P.O. Box 250

(Address)

Decatur, GA 30031

(City, State and Zip Code)

For further information concerning this matter, please call:

GARY M. SAMS
(Name of Contact Person)

at (404) 378-4300
(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee)
 \$1,008.75 Filing Fees and Certificate of Status
 \$1,052.50 Filing Fees and Certified Copy
 \$1,061.25 Filing Fee, Certified Copy, and Certificate of Status

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR
LIMITED LIABILITY LIMITED PARTNERSHIP
TO TRANSACT BUSINESS IN FLORIDA

1. SAMS' FAMILY LIMITED PARTNERSHIP, LLLP

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)
Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.
Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P.
or LLLP.

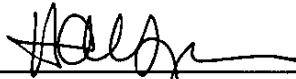
(If name unavailable, name under which the limited partnership or limited liability limited partnership
proposes to register to transact business in Florida; must contain acceptable suffix.)

2. Delaware 3. March 9, 2005
(State or Country of Formation) (Date of Formation)

4. Hal Spence
(Name of Registered Agent for Service of Process)

5. 221 N. Causeway, Suite A
(Florida street address for Registered Agent)
New Smyrna Beach, FL 32169

6. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to
comply with the provisions of all statutes relative to the proper and complete performance of my duties,
and I am familiar with and accept the obligations of my position as registered agent.



Signature of Registered Agent

7. 221 N. Causeway, Suite A
(Principal office address)
New Smyrna Beach, FL 32169

8. If limited partnership is a limited liability limited partnership, check box

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9. P.O. Box 250
(Mailing address)
Decatur, GA 30031

10. Name, principal office address, and mailing address of each general partner:

GARY M. SAMS
(Name)

1204 Bellaire Dr.
(Street Address)
Atlanta, GA 30319

P.O. Box 250
(Mailing Address)
Decatur, GA 30031

Charles Marshall Sams
(Name)

Unit 1201, Tradewinds
(Street Address)
5265 South Atlantic Ave
New Smyrna Beach, FL 32169
(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

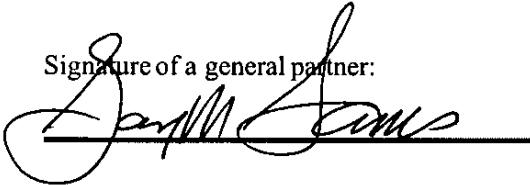
11. Effective date, if other than the date of filing: _____

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this 31st day of August, 2007

Signature of a general partner:



Filing Fees:	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75

Delaware

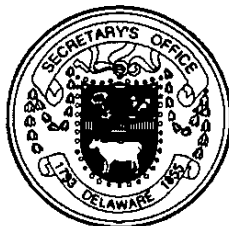
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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SAMS' FAMILY LIMITED PARTNERSHIP, LLLP" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTIETH DAY OF AUGUST, A.D. 2007.

3911899 8300

070971008



Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5965462

DATE: 08-30-07