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| (Requestor's Name) |
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| |
| (Address) |
| |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| |
| ☐ PICK-UP ☐ WAIT ☐ MAIL |
| |
| |
| (Business Entity Name) |
| • |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
| |
| Canada Instructions to Filling Officer |
| Special Instructions to Filing Officer; |
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Office Use Only

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TRANSMITTAL LETTER

| | Registration Section Division of Corporations | | | | | |
|------------------------------|---|--|--|--|--|--|
| SUBJEC | T: 419 ASSOCIATES LIMITED PARTNERSHIP | | | | | |
| | (Name of Limited Partnership) | | | | | |
| The enclo | sed Supplemental Affidavit and fee(s) are submitted for filing. | | | | | |
| Please ret | urn all correspondence concerning this matter to the following: | | | | | |
| | | | | | | |
| Jason Shivers | | | | | | |
| (Name of Person) | | | | | | |
| Stafford Development Company | | | | | | |
| | (Firm/Company) | | | | | |
| | PO Box 269 | | | | | |
| | (Address) | | | | | |
| Tifton, GA 31793 | | | | | | |
| | (City/State and Zip Code) | | | | | |
| For furthe | er information concerning this matter, please call: | | | | | |
| 229-3 | 186-0552 Jason Shivers at (229-) 386-0552 (Name of Person) (Area Code & Daytime Telephone Number) | | | | | |

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

SUPPLEMENTAL AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FLORIDA LIMITED PARTNERSHIP

| The undersigned g | general partners o | of | | |
|--|--------------------|---|------------------------|--|
| 419 ASSOCIATES Florida Limited P Florida Statutes. | | ERSHIP ated this supplemental affic | lavit filed pursuant t | , a to section 620.112, |
| The total amount | of the capital con | tributions of the limited par | tners is: \$ 345,160 | · . |
| This 2 day | of May | | | |
| FURTHER AFF | IANT SAYETH | NOT. | | |
| Under penalties o best of my knowle | | re that I have read the fore | going and that the fa | acts are true, to the |
| | | General Partner(s) | | |
| | Rum | ell a. Whoral | -SECRETARY | |
| | | Fees: | | OS MAY 16 PM SECRETARY OF TALLAHASSEE, F |
| | Mini | er \$1000, based on additional contributions mum \$ 52.50 mum \$1750.00 | | HE PHIZE |

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314