

B98000000643

SNS Partnership, L.P.

Requestor Name  
C/O T. Stephen Edwards  
4806 Woodland Drive

Address

Tifton, GA 31793  
City/State/Zip Phone #

600002673066--7

-10/27/98--01020--001

\*\*\*1750.00 \*\*\*1750.00

Office Use Only

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

1. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
2. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
3. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
4. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)

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☐ Walk in

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☐ 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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\*\*\*\*\*35.00 \*\*\*\*\*35.00

B98-643  
Name OR 11-6  
Availability OR  
Document OR  
Examiner OR  
Updater OR  
Updater OR  
Verifier OR  
Acknowledgement OR  
W. P. Verifier OR

Examiner's Initials



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

October 27, 1998

C/O T. STEPHEN EDWARDS  
4806 WOODLAND DRIVE  
TIFTON, GA 31793

SUBJECT: SNS PARTNERSHIP. L.P.  
Ref. Number: W98000024354

We have received your document for SNS PARTNERSHIP. L.P. and check(s) totaling \$1750.00 of which \$1750.00 has been designated to file this document. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is an additional amount of \$35.00 due. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

**LIMITED PARTNERSHIP CERTIFICATE/APPLICATION BASIC FEES**

Filing fees \$52.50 minimum - \$1750 maximum  
Registered Agent Designation \$35

The filing fee is based on the total amount contributed and anticipated to be contributed by the limited partners as shown in the affidavit at a rate of \$7 per \$1000. The filing fee for an Application to Register a Foreign Limited Partnership is based on the total amount contributed by the limited partners allocated for the purpose of transacting business in the State of Florida at a rate of \$7 per \$1000.

Certified Copy	\$52.50
(15 pages or less, \$1 for each additional page after initial 15 pages)	
Registered Agent/Office Change	\$35
Name Reservation	
(120 days nonrenewable)	\$35
Amendment	
(other than specified)	\$52.50
Affidavit Decreasing Contributions	\$52.50
Affidavit Increasing Contributions	
\$7 per \$1000 on increase only	
(\$52.50 minimum-\$1750 maximum)	
Certificate of Status or Fact	\$8.75
Cancellation	\$52.50
Resignation of Registered Agent	\$87.50

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LP Annual Report

\$7 per \$1000 of invested capital  
(\$52.50 minimum - \$437.50 maximum)  
plus Supplemental Fee of \$138.75

Reinstatement

(\$500 for each year or part thereof the  
partnership was revoked plus the delinquent  
annual report fees)

On #9 of the application only the general partners need to be listed.,

If you have any questions concerning the filing of your document, please call  
(850) 487-6020.

Tammi Cline  
Document Specialist

Letter Number: 998A00052734

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

1. SNS Partnership, L.P.  
(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. February 1, 1996  
(State of Formation) (Date of Formation)
5. C T Corporation System  
(Name of Registered Agent for Service of Process)
6. 1200 South Pine Island Road  
(Street Address of Registered Office)
- Plantation, Florida 33324  
(City) (Zip Code)
7. Acceptance by the Registered Agent for Service of Process:  
C T Corporation System  
Dale W. Morris **DALE W. MORRIS**  
(Agent must sign on this line) **ASSISTANT VICE PRESIDENT**
8. c/o T. Stephen Edwards, 4806 Woodland Drive, Tifton, GA 31793  
(Address of registered office required in state of formation or, if not required, address of principal office.)
9. NAMES OF GENERAL PARTNERS STREET ADDRESS
- | NAMES OF GENERAL PARTNERS                          | STREET ADDRESS                                |
|--|---|
| <u>Stafford Capital Corporation</u> <u>Q 40431</u> | <u>1805 U.S. Hwy 82 West Tifton, GA 31794</u> |
| Limited Partners:                                  |   |
| <u>Stafford Development Company</u>                | <u>1805 U.S. Hwy 82 West Tifton, GA 31794</u> |
| <u>Stafford Foods, Inc.</u>                        | <u>1805 U.S. Hwy 82 West Tifton, GA 31794</u> |
10. 1805 U.S. Hwy 82 West Tifton, GA 31794  
(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.

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12. Stafford Development Company

P. O. Box 269 Tifton, GA 31793

(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 20th day of October, 1998

Frank J. Jones, Jr. General Partner

STATE OF Georgia

COUNTY OF Tift

On this 20th day of October, 1998

Frank J. Jones, Jr. personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of \_\_\_\_\_

Rhonda J. Kent

(Notary Public Signature)

RHONDA J. KENT  
Notary Public, Irwin County, Georgia  
My Commission Expires Dec. 5, 2000

(Notary's Printed Name)

Seal

My Commission Expires: \_\_\_\_\_

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# AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared Frank J. Jones, Jr.  
a general partner of SNS Partnership, L.P., a (an) \_\_\_\_\_  
limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is \$ 1,959,403.51
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 559,829.57.

*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 20th day of October, 19 98

  
\_\_\_\_\_  
Frank J. Jones, Jr. General Partner

STATE OF Georgia  
COUNTY OF Tift

On this 20 day of October, 19 98

Frank J. Jones, Jr., personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of \_\_\_\_\_

  
\_\_\_\_\_  
(Notary Public Signature)

**RHONDA J. KENT**  
Notary Public, Irwin County, Georgia  
My Commission Expires Dec. 5, 2000  
\_\_\_\_\_  
(Notary's Printed Name)

Seal

My Commission Expires:

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