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DIVISION OF CORPORATIONS
01 DEC 31 PM 12:54

ACCOUNT NO. : 072100000032

REFERENCE : 556318 7274201

AUTHORIZATION :

COST LIMIT : \$ PPD

ORDER DATE : December 28, 2001

ORDER TIME : 10:49 AM

ORDER NO. : 556318-005

CUSTOMER NO: 7274201

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-01/04/02--01063--001

***1750.00 ***1750.00

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-01/04/02--01063--002

*****35.00 *****35.00

CUSTOMER: Thomas M. Reiter, Esq
Brant Moore Macdonald & Wells,
P.a.
50 North Laura Street
Suite 2750
Jacksonville, FL 32202

DOMESTIC FILING

NAME: SHV LIMITED PARTNERSHIP, LLLP

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
XX CERTIFICATE OF LIMITED PARTNERSHIP
ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

File
1st

Dec 31

2001

CONTACT PERSON: Jeanine Reynolds - EXT. 1133

EXAMINER'S INITIALS:

Name	Availability
Document Examiner	Updater
Updater	Verifier
Acknowledgement	A. P. Verifier

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**CERTIFICATE OF LIMITED PARTNERSHIP
OF SHV LIMITED PARTNERSHIP, LLLP**

FILED
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DIVISION OF CORPORATIONS
01 DEC 31 PM 12:51

The undersigned, desiring to form a limited partnership under the Florida Revised Uniform Limited Partnership Act (1986) hereby certifies:

1. The name of the limited partnership is SHV Limited Partnership, LLLP (the "Partnership").
2. The location of the principal place of business of the Partnership is 2913 Westside Boulevard, Jacksonville, Florida 32209, or at such other place as the general partner may designate.
3. The street address of the registered office of the Partnership is 50 North Laura Street, Suite 2750, Jacksonville, Florida 32202, and the name of the registered agent of the Partnership at that address is Brant, Abraham, Reiter & McCormick, P.A.
4. The name and the business address of the sole general partner of the Partnership is SHV Management Enterprises, LLC, a Florida limited liability company, 2913 Westside Boulevard, Jacksonville, Florida 32209.
5. The mailing address of the Partnership is 2913 Westside Boulevard, Jacksonville, Florida 32209.
6. The term of the Partnership shall commence on the date of filing hereof and shall continue until December 31, 2051.

LOI-22610
IN WITNESS WHEREOF, the undersigned does solemnly swear that the foregoing statements are true and correct as of this 27th day of December, 2001.

Pegina A. Miller
Witness
Print Name: Pegina A. Miller

William P. Brant
Witness
Print Name: William P. Brant

SHV MANAGEMENT ENTERPRISES,
LLC

By: *Samuel H. Vickers*
Samuel H. Vickers, President/
Secretary
"General Partner of SHV Limited
Partnership, LLLP"

STATE OF FLORIDA
COUNTY OF DUVAL

The foregoing instrument was acknowledged before me this 27th day of December, 2001, by Samuel H. Vickers, as President of SHV Management Enterprises, LLC., a Florida limited liability company, as General Partner of SHV Limited Partnership, LLLP, a limited partnership, who executed the foregoing as his free act on behalf of the partnership, and who is personally known to me or who has produced Fla. Id as identification.



Rhonda Angers
Commission # DD 063793
Expires Feb. 21, 2003
Bonded Thru
Atlantic Bonding Co., Inc.

Rhonda Angers

Print Name: _____

Notary Public

State of Florida At Large

Commission No.: _____

My Commission Expires: _____

**CERTIFICATE DESIGNATING REGISTERED OFFICE AND REGISTERED
AGENT FOR THE SERVICE OF PROCESS WITHIN FLORIDA**

In compliance with Florida Statutes Sections 48.061 and 620.105, the following is submitted:

SHV Limited Partnership, LLLP, desiring to organize under the laws of the State of Florida, hereby designates Brant, Abraham, Reiter & McCormick, P.A., a Florida corporation, as its registered agent to accept service of process within the State of Florida and the address of its registered office shall be 50 North Laura Street, Suite 2750, Jacksonville, Florida 32202.

Regina A. Miller

Witness

Print Name: Regina A. Miller

William P. Brant

Witness

Print Name: William P. Brant

SHV MANAGEMENT ENTERPRISES,
LLC

By: Samuel H. Vickers

Samuel H. Vickers, President/
Secretary

"General Partner of SHV Limited
Partnership, LLLP"

Having been named to accept service of process for SHV Limited Partnership, LLLP, at the place designated in this Certificate, the undersigned hereby agrees to act in this capacity and further agrees to comply with the provisions of the Florida Revised Uniform Limited Partnership Act (1986) relative to the keeping of said office and the proper and complete performance of its duties.

December
Dated: July 27, 2001
181321.1

BRANT, ABRAHAM, REITER &
MCCORMICK, P.A.
By: William P. Brant
William P. Brant, President

STATE OF FLORIDA
COUNTY OF DUVAL

AFFIDAVIT OF CAPITAL CONTRIBUTIONS
OF SHV LIMITED PARTNERSHIP, LLLP

FILED
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DIVISION OF CORPORATIONS
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Before me, the undersigned authority, personally appeared Samuel H. Vickers, who being by me first duly sworn, deposes and says:

1. That Samuel H. Vickers is President of SHV Management Enterprises, LLC, which is the sole general partner of SHV Limited Partnership, LLLP, a Florida limited partnership (the "Partnership").
2. The limited partners have made capital contributions to the Partnership of assets with an estimated fair market value of approximately \$3,000,000.00. There are no future contributions anticipated.

Witness

Print Name: William P Brant

Witness

Print Name: Regina A. Miller

SHV MANAGEMENT ENTERPRISES,
LLC

By: Samuel H. Vickers

Samuel H. Vickers, Presi-
dent/Secretary

"General Partner of SHV Limited Part-
nership, LLLP"

STATE OF FLORIDA
COUNTY OF DUVAL

The foregoing instrument was acknowledged before me this 21st day of December, 2001, by Samuel H. Vickers, as President of SHV Management Enterprises, LLC., a Florida limited liability company, as General Partner of SHV Limited Partnership, LLLP, a limited partnership, who executed the foregoing as his free act on behalf of the partnership, and who is personally known to me or who has produced FLC DL as identification.



Rhonda Angers
Commission # DD 063793
Expires Feb. 21, 2003
Bonded Thru
Atlantic Bonding Co., Inc.

Print Name: Rhonda Angers

Notary Public

State of Florida At Large

Commission No.: _____

My Commission Expires: _____