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ACCOUNT NO. : 072100000032

REFERENCE : 549112 4326591

AUTHORIZATION :

COST LIMIT : \$ PPD

FILED
02 APR 25 PM 2:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : April 25, 2002

ORDER TIME : 11:13 AM

ORDER NO. : 549112-005

CUSTOMER NO: 4326591

CUSTOMER: E. Jackson Boggs, Esq
Fowler White Boggs Banker

Suite 1700
501 East Kennedy Boulevard
Tampa, FL 33602

100005348121--3
-04/25/02--01013--011
***1837.50 ***1837.50

DOMESTIC FILING

NAME: IRIS E. MIXON ENTERPRISES,
LTD.

EFFECTIVE DATE:

____ ARTICLES OF INCORPORATION
XX _____ CERTIFICATE OF LIMITED PARTNERSHIP
____ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX _____ CERTIFIED COPY
____ PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea - EXT. 1114

EXAMINER'S INITIALS: _____

RECEIVED
02 APR 25 PM 12:09

BK

CERTIFICATE OF LIMITED PARTNERSHIP
IRIS E. MIXON ENTERPRISES, LTD.

In accordance with Florida Statute Section 620.408, the Certificate of Limited Partnership shall be filed with the Department of State of Florida, setting forth the following:

1. Name. The name of this limited Partnership shall be "Iris E. Mixon Enterprises, Ltd."

2. Registered Agent and Address. The office and the name of the agent for service of process required to be maintained is as follows:

Iris E. Mixon
502 Manatee Drive, S.W.
Ruskin, Florida 33570

3. General Partner. The name and business address of each general partner is:

Iris E. Mixon
502 Manatee Drive, S.W.
Ruskin, Florida 33570

Vicki Elsberry
2301 Cypress Walk Way
Ruskin, Florida 33570

Jeffrey S. Mixon
1414 First Street S.W.
Ruskin, Florida 33570

4. Mailing Address. The principal office and mailing address of the limited partnership is:

502 Manatee Drive, S.W.
Ruskin, Florida 33570

5. Termination Date. The latest date upon which the limited partnership is to dissolve is December 31, 2052.

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Iris E. Mixon
Iris E. Mixon, General Partner and
Registered Agent

Vicki Elsberry
Vicki Elsberry, General Partner

Jeffrey S. Mixon
Jeffrey S. Mixon, General Partner

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TALLAHASSEE, FLORIDA

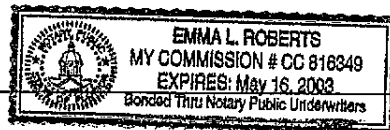
STATE OF FLORIDA
COUNTY OF HILLSBOROUGH

The foregoing instrument was acknowledged before me this 15th
day of April, 2002, by IRIS E. MIXON, who is personally known to me
or who has produced _____ as identification.

Emma L. Roberts
Print Name EMMA L. ROBERTS

"NOTARY PUBLIC"

My Commission Expires:



STATE OF FLORIDA
COUNTY OF HILLSBOROUGH

The foregoing instrument was acknowledged before me this _____ day of April, 2002, by VICKI ELSBERRY, who is personally known to me or who has produced _____ as identification.

Emma L. Roberts
Print Name EMMA L. Roberts

"NOTARY PUBLIC"

My Commission Expires:



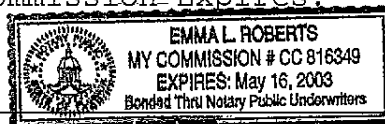
STATE OF FLORIDA
COUNTY OF HILLSBOROUGH

The foregoing instrument was acknowledged before me this 15th day of April, 2002, by JEFFREY S. MIXON, who is personally known to me or who has produced _____ as identification.

Emma L. Roberts
Print Name EMMA L. Roberts

"NOTARY PUBLIC"

My Commission Expires:



STATE OF FLORIDA

COUNTY OF HILLSBOROUGH

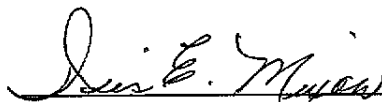
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TALLAHASSEE, FLORIDA

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

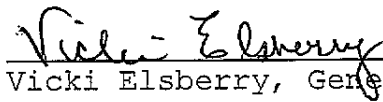
BEFORE ME, THE UNDERSIGNED AUTHORITY, personally appeared IRIS E. MIXON, VICKI ELSBERRY and JEFFREY S. MIXON, known to me to be the general partners of IRIS E. MIXON ENTERPRISES, LTD., a Florida limited partnership, who, before me first duly sworn, declare as follows:

1. The amount of capital initially contributed to the Partnership by the limited partners is \$1,980.00.

2. The limited partners presently anticipate contributing additional funds to the Partnership; and the total amount contributed and anticipated to be contributed is \$5,000,000.00.



Iris E. Mixon, General Partner



Vicki Elsberry, General Partner



Jeffrey S. Mixon, General Partner

STATE OF FLORIDA
COUNTY OF HILLSBOROUGH

The foregoing instrument was acknowledged before me this 15th
of April, 2002, by IRIS E. MIXON, who is personally known to me or
who has produced _____ as identification.

Emma L. Roberts

Print Name EMMA L. Roberts

"NOTARY PUBLIC"

My Commission Expires:



STATE OF FLORIDA
COUNTY OF HILLSBOROUGH

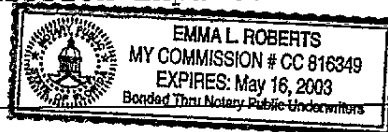
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of April, 2002, by VICKI ELSBERRY, who is personally known to me or
who has produced _____ as identification.

Emma L. Roberts

Print Name EMMA L. Roberts

"NOTARY PUBLIC"

My Commission Expires:



STATE OF FLORIDA
COUNTY OF HILLSBOROUGH

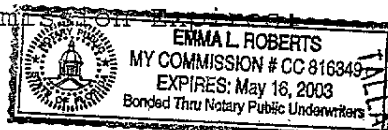
The foregoing instrument was acknowledged before me this 15th
of April, 2002, by JEFFREY S. MIXON, who is personally known to me
or who has produced _____ as identification.

Emma L. Roberts

Print Name EMMA L. Roberts

"NOTARY PUBLIC"

My Comm. Expires



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