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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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CORPORATION SERVICE COMPANY®

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ACCOUNT NO. : 072100000032

REFERENCE : 494041 4326591

AUTHORIZATION :

COST LIMIT : $ PPD

ORDER DATE : July 20, 2005

ORDER TIME : 11:14 AM

ORDER NO. : 494041-005

CUSTOMER NO: 4326591

CUSTOMER: Ms. Linda J. Carbone
Fowler White Boggs Banker P.a.

Suite 1700
501 East Kennedy Boulevard
Tampa, FL 33602

DOMESTIC FILING

NAME: THOMAS & DOROTHY JONES, 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: Susie Knight - EXT. 2956

EXAMINER'S INITIALS: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF LIMITED PARTNERSHIP
THOMAS & DOROTHY JONES, LTD.

In accordance with Florida Statute Section 620.108, this 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 "Thomas & Dorothy Jones, 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:

Dorothy C. Jones
1200 Tapley Drive
Tallahassee, Florida 32311

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

Dorothy C. Jones
1200 Tapley Drive
Tallahassee, Florida 32311

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

1200 Tapley Drive
Tallahassee, Florida 32311

5. **Termination Date**. The latest date upon which the limited partnership is to dissolve is December 31, 2055.

Dorothy C. Jones, General Partner and
Registered Agent

STATE OF FLORIDA
COUNTY OF LEON

The foregoing instrument was acknowledged before me this 13 day of June, 2005, by DOROTHY C. JONES, who is personally known to me or who has produced _____ as identification.

M Ma Chadwell

Print Name _____

"NOTARY PUBLIC"

My Commission Expires:

_____

#1720231v1

STATE OF FLORIDA
COUNTY OF LEON

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, THE UNDERSIGNED AUTHORITY, personally appeared DOROTHY C. JONES, known to me to be the general partner of THOMAS & DOROTHY JONES, 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 $10,000,000.00.

Dorothy C. Jones, General Partner

STATE OF FLORIDA
COUNTY OF LEON

The foregoing instrument was acknowledged before me this 13 of June, 2005, by DOROTHY C. JONES, who is personally known to me or who has produced _____ as identification.

M. Marie Chadwell

Print Name _____

"NOTARY PUBLIC"

My Commission Expires:

M. Marie Chadwell
MY COMMISSION EXPIRES
May 11, 2006
#DD101507
Bonded thru
Troy Fain-Insurance
NOTARY PUBLIC, STATE OF FLORIDA

#1720232v1