1201 HAYS STREET TALLAHASSEE, FL 32301, 607 79 050 networks

PRESENCE HALL
LEGAL A DANCIAL SERVICIACCOUNT NO. : 072100000032

REFERENCE: 094510 7109732

AUTHORIZATION :

COST LIMIT : \$ 96.25

Patricia Pygito

ORDER DATE: September 23, 1996

ORDER TIME : 9:27 AM

ORDER NO. : 094510

CUSTOMER NO: 7109732

CUSTOMER: Ms. Susan X. Smith

SCOTT F. BARNETT, ESQ

611 W. Azeele Street

Tampa, FL 33606-2205

500001953585

DOMESTIC FILING

NAME:

TPP, LTD.

File I

ne

EFFECTIVE DATE:

X ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

X PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Gail L. Shelby

EXAMINER'S INITIALS

KECEIVEU 56 SE

SECRETARY OF STA

39/ 38 SAIN

TISION OF CORPORATION



FLORIDA DEl'ARTMENT OF STATE Sandra B. Mortham Secretary of State

September 23, 1996

GAIL SHELBY CSC NETWORKS TALLAHASSEE, FL

SUBJECT: TPP, LTD.

Ref. Number: W96000019983

and is being returned for the following:

We have received your document for TPP, LTD, and the authorization to debit your account in the amount of \$96.25. However, the document has not been filed

The Affidavit of Capital Contributions must state 2 amounts. It must state the initial contributions of the limited partners. And then it must state the total anticipated limited partner contribution amount.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6914.

Buck Kohr Corporate Specialist

Letter Number: 696A00043738

Please give original submission date as file date.

CERTIFICATE OF LIMITED PARTNERSHIP of TPP, Ltd.

THIS CERTIFICATE OF LIMITED PARTNERSHIP of TPP, Ltd., (the "Limited Partnership") made and filed under the "Florida Revised Uniform Limited Partnership (1986)" is executed as provided for by Florida Statutes, Section 620,108 and sets forth the following for the purpose of forming a limited partnership under Florida laws.

- (a) The name of the limited partnership is: TPP, Ltd.
- (b) The address of the office and the name and address of the agent for service of process (who's signature below also serves as acceptance of position as registered agent) required to be maintained by Florida Statutes, Section 620.105 are as follows:

Office Address

TPP GP, Ltd. c/o TPP GP, Inc., General Partner Attn.: Cliff Levy, President 3805 West San Nicholas Street Tampa, Florida 33629

Name and Address of Agent for Service of Process

Cliff Levy 3805 West San Nicholas Street Tampa, Florida 33629

(c) The name and business address of each General Partner is:

TPP GP, Inc., a Florida corporation Attn.: Cliff Levy, President 3805 West San Nicholas Street Tampa, Florida 33629

(d) The mailing address for the Limited Partnership is:

TPP, LTD. c/o TPP GP, INC., General Partner Attn.: Cliff Levy, President P.O. Box 18445 Tampa, Florida 33679-8445

(e) The latest date on which the limited partnership is to dissolve is:

December 31, 2045



F96000078

THIS CERTIFICATE is executed by the undersigned for the purposes declared herein.

TTT GP, Inc.

Executed on behalf of the Limited Partnership pursuant to Florida Statute, Section 620.116(1)

By:

President of the General Partner

STATE OF FLORIDA)
COUNTY OF HILLSBOROUGH)

My Commission Expires:

SCOTT F. BARNETT

AFFIDAVIT AS TO CAPITAL CONTRIBUTIONS of LIMITED PARTNERS

of TPP, Ltd. (the "Limited Partnership")



COMES NOW, the undersigned (the "Affiant"), who, for the purpose of providing this instrument to accompany the Certificate of Limited Partnership of the Limited Partnership pursuant to the provisions of Florida Statutes, Section 620.108(1), swears and deposes as follows:

- 1. The Affiant is familiar with the affairs and plans of the Limited Partnership, and
 - 2. The capital contributions of the limited partners of the Limited Partnership

THE FOREGOING INSTRUMENT was acknowledged before me his known to me or has produced identification and did not take an oath. [Notary, check appropriate blank; and, if obtaining identification, fill in appropriate identification number.] Notary Public COTT F. BARNET (Printed Name of Notary)

(Serial Number, if any)