

A 98000000572

FILING COVER SHEET

REFERENCE: 0163.1743

DATE: 3-2-98

CONTACT: CINDY HICKS

FROM: CORPORATE & CRIMINAL RESEARCH SERVICES
103 N. MERIDIAN STREET
TALLAHASSEE, FL 32301

TELEPHONE: 222-1173

SUBJECT: Sever Family Limited Partnership

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 98 MAR - 2 PM 2:12

STATE FEES PREPAID WITH CHECK # 2149 FOR \$ 1,793.75

RECEIVED
 98 MAR - 2 PM 1:31
 DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

PLEASE FILE:

- ARTICLES OF INC. AMENDMENT DISSOLUTION ANNUAL REPORT
- QUALIFICATION LIMITED PARTNERSHIP ANNUAL REPORT
- FICTITIOUS NAME LIMITED LIABILITY REINSTATEMENT
- UCC-1

A98-UCC3-572

800002444188-5
 03/02/98-01058-017
 ***1793.75 ***1793.75

PROVIDE US WITH:

- CERTIFIED COPY CERTIFICATE OF STATUS

K STAMPED COPY

Examiner's Initials

Name	<i>OK</i>
Availability	<i>OK</i>
Document Examiner	<i>OK</i>
Updater	<i>OK</i>
Updater Verifier	<i>OK</i>
Acknowledgment	<i>OK</i>
W. P. Verifier	<i>OK</i>

**CERTIFICATE OF
LIMITED PARTNERSHIP OF
SEVER FAMILY LIMITED PARTNERSHIP**

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The undersigned hereby executes and swears to this Certificate of Limited Partnership for the purpose of forming a limited partnership under the laws of the State of Florida.

1. **Name of Partnership.** The name of the Partnership shall be **SEVER FAMILY LIMITED PARTNERSHIP**

2. **Address of Recordkeeping Office; Agent for Service of Process.** The records to be kept pursuant to *Florida Statute* Section 620.106 shall be located at **1012 North Riverhills Drive, Temple Terrace, Florida 33617**, and the name of the Partnership's agent for service of process at said address is **RAYMOND J. SEVER**.

3. **Name and Business Address of the General Partner.** The name and address of the General Partner is as follows:

<u>Name</u>	<u>Address</u>
S&R Group, Inc., a Florida corporation	1012 North Riverhills Drive Temple Terrace, Florida 33617

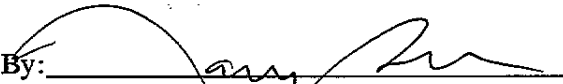
4. **Mailing Address for the Limited Partnership.** The mailing address for the Limited Partnership shall be located at **1012 North Riverhills Drive, Temple Terrace, Florida 33617**.

5. **Term.** The term for which the Partnership is to exist shall be fifty (50) years from the filing of this Certificate in the Office of the Secretary of State of the State of Florida, unless sooner terminated in accordance with a Limited Partnership Agreement for **SEVER FAMILY LIMITED PARTNERSHIP**

DATED this 27th day of February, 1998.

GENERAL PARTNER:

S&R Group, Inc.
a Florida corporation

By: 
Raymond J. Sever, President

ACCEPTANCE BY REGISTERED AGENT

Having been named Registered Agent and designated to accept service of process for the within Limited Partnership, at the place designated herein, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.

Dated February 27th, 1998

6789-001-0489069.01


RAYMOND J. SEVER

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DIVISION OF CORPORATIONS
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AFFIDAVIT OF CAPITAL CONTRIBUTIONS

I, **RAYMOND J. SEVER**, in my capacity as the President of **S&R GROUP, INC.**, a Florida corporation, the sole general partner of **SEVER FAMILY LIMITED PARTNERSHIP** a Florida limited partnership, hereinafter referred to as the "Partnership," who, upon being sworn, certifies as follows:

1. The limited partner has contributed \$102,380.00 of capital to the Partnership.
2. It is anticipated that \$597,620.00 of additional contributions shall be contributed by the limited partners in the future.

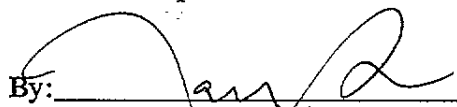
This 27th day of February, 1998.

FURTHER AFFIANT SAYETH NOT.

Under penalties of perjury, I declare that I have read the foregoing and that the facts alleged are true, to the best of my knowledge and belief.

GENERAL PARTNER:


S&R GROUP, INC.,
a Florida corporation

By: 
Raymond J. Sever, President

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STATE OF FLORIDA
COUNTY OF HILLSBOROUGH

The foregoing instrument was acknowledged before me this _____ day of February, 1998, by **RAYMOND J. SEVER**, as President of **S&R GROUP, INC.**, a Florida corporation, the general partner of **SEVER FAMILY LIMITED PARTNERSHIP** on behalf of the limited partnership, who is personally known to me or who has produced _____ as identification and who did take an oath.


NOTARY PUBLIC
Name: Olin G. Shivers
Commission No. _____
My Commission Expires: _____

6789-001-0489069.01



Olin G. Shivers
MY COMMISSION # CC660227 EXPIRES
October 19, 2001
BONDED THRU TROY FAIR INSURANCE, INC.