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PLEASE REPLY TO:

Lake Wales
September 25, 1998

FILED
98 SEP 28 PM 4: 30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

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09/28/98 01096-008
****140.00 ****140.00

Re: Dicks Family Limited Partnership

Gentlemen:

Enclosed for filing is the original and one copy of the Certificate of Limited Partnership for the above named partnership and the Affidavit of Capital Contributions to the Dicks Family Limited Partnership.

Also enclosed is this firm's check, in the amount of \$140.00 representing payment of the following fees: filing fee for the Certificate of Limited Partnership, in the maximum amount of \$52.50; certified copy fee - \$52.50; and registered agent fee - \$35.00.

Upon approval and filing of the enclosed documents, please furnish a certified copy of the Certificate of Limited Partnership and Affidavit of Capital Contributions to the attention of:

Keith H. Wadsworth
Peterson, Myers, P.A.
P.O. Box 1079
Lake Wales, FL 33859-1079

It would be extremely helpful to me if you could return the certified copy as soon as possible. If anything further is required, please call me. Thank you for your assistance in this matter.

Sincerely,

Keith H. Wadsworth
Keith H. Wadsworth

A98-2245

Name	AL Q-24
Availability	
Document	
Updater	
Verifier	
Acknowledgment	
W. P. Verifier	

**CERTIFICATE OF LIMITED PARTNERSHIP
OF THE
DICKS FAMILY LIMITED PARTNERSHIP**

The undersigned, for the purpose of forming a limited partnership under the provisions of the Florida Revised Uniform Limited Partnership Act (1986), as set forth in Section 620.101, et. seq. of the Florida Statutes, do hereby certify to the following:

1. The name of the limited partnership is **"DICKS FAMILY LIMITED PARTNERSHIP"**.

2. The address of the office of the limited partnership required to be maintained by Section 620.105(1), Florida Statutes, is as follows:

608 Fredrick Avenue
Dundee, FL 33838

3. The name and street address of the registered agent, for service of process on the limited partnership, required to be maintained by Section 620.105(2), Florida Statutes, are as follows:

Richard Gary Dicks
608 Fredrick Avenue
Dundee, FL 33838

4. The name and business address of the general partner is:

Leonas Dicks
608 Fredrick Avenue
Dundee, FL 33838

Richard Gary Dicks
608 Fredrick Avenue
Dundee, FL 33838

5. The mailing address for the limited partnership is as follows:

P.O. Drawer 1809
Dundee, FL 33838

6. The latest date upon which the limited partnership is to dissolve is December 31, 2028.

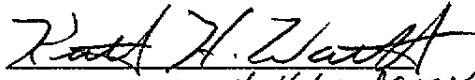
7. An affidavit declaring the amount of the capital contributions of the limited partners and the amount anticipated to be contributed by the limited partners, as required by Section 620.108, Florida Statutes, is attached to this certificate.

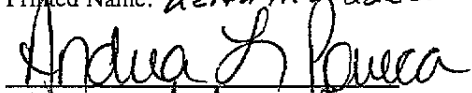
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TALLAHASSEE, FLORIDA

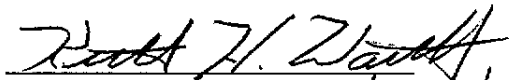
IN WITNESS WHEREOF, the undersigned has executed this certificate as of the 25th
day of September 1998.

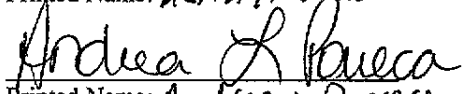
Signed, sealed and delivered
in the presence of:

GENERAL PARTNERS:


Printed Name: Keith H. Wadsworth


Printed Name: Andrea L. Porreca


Printed Name: Keith H. Wadsworth


Printed Name: Andrea L. Porreca


LEONAS DICKS


RICHARD GARY DICKS

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ACCEPTANCE OF
REGISTERED AGENT FOR THE
DICKS FAMILY LIMITED PARTNERSHIP**

Having been named as registered agent to accept service of process upon the above named partnership, at the address designated in the certificate of limited partnership, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I state that I am a resident of the State of Florida and I am familiar with, and accept, the obligations of my position as registered agent.

Dated: September 25, 1998


RICHARD GARY DICKS

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TALLAHASSEE, FLORIDA

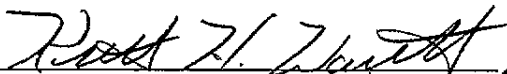
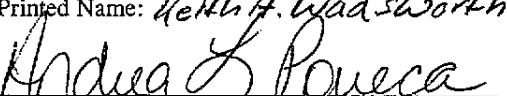
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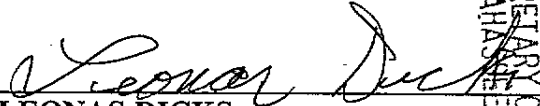
**AFFIDAVIT OF CAPITAL CONTRIBUTIONS
TO THE DICKS FAMILY LIMITED PARTNERSHIP**

The undersigned affiant, **LEONAS DICKS**, as general partner of the **DICKS FAMILY LIMITED PARTNERSHIP**, whose address is 608 Fredrick Avenue, Dundee, FL 33838, after each being first duly sworn, says upon oath:

1. Affiant is one of the general partners of the **DICKS FAMILY LIMITED PARTNERSHIP**, a Florida limited partnership.
2. The total amount of the capital contributions of the limited partners and the amount of capital anticipated to be contributed by all of the limited partners of the partnership is \$1,000.00. The capital contributed to the partnership may be either cash or property, real or personal, tangible or intangible.
3. This affidavit is given for the purpose of complying with the provisions of Section 620.108 of the Florida Statutes.

FURTHER, AFFIANT DO NOT SAY.


Printed Name: Keith F. Wadsworth

Printed Name: Andrea L. Porreca

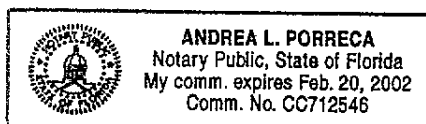

LEONAS DICKS

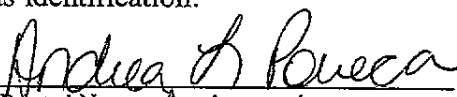
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**STATE OF FLORIDA
COUNTY OF POLK**

I HEREBY CERTIFY that on September 25, 1998, before me, the undersigned Notary Public, authorized in the State and County named above to administer oaths, personally appeared **LEONAS DICKS**, as a general partner of the **DICKS FAMILY LIMITED PARTNERSHIP**, who, after being by me first duly sworn, says upon oath the above statements. Sworn to and subscribed before me on this day by **LEONAS DICKS**, as a general partner of the **DICKS FAMILY LIMITED PARTNERSHIP**, on behalf of the partnership. He is personally known to me or he has produced a drivers license as identification.

(SEAL)




Printed Name: Andrea L. Porreca
Notary Public
My Commission Expires: 2/20/02