



THE UNITED STATES
CORPORATION
COMPANY

A99000000650

ACCOUNT NO. : 072100000032

REFERENCE : 213231 11758A

AUTHORIZATION :

Patricia Pizut

COST LIMIT : \$ 140.00

FILED STATE
SECRETARY OF CORPORATIONS
99 APR 21 PM 3:10

ORDER DATE : April 21, 1999

ORDER TIME : 1:13 PM

ORDER NO. : 213231-010

CUSTOMER NO: 11758A

900002846359--5

CUSTOMER: Jeffrey S. Wachs, Esq
DOUMAR ALLSWORTH CURTIS CROSS
DOUMAR ALLSWORTH CURTIS CROSS
1177 Southeast Third Avenue

Fort Lauderdale, FL 33316

DOMESTIC FILING

NAME: THE SPEEGLE FAMILY LIMITED
PARTNERSHIP

EFFECTIVE DATE:

☒ ARTICLES OF INCORPORATION
☒ CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☒ CERTIFIED COPY
☐ PLAIN STAMPED COPY
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Angie Glisar

EXAMINER'S INITIALS: _____

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

99 APR 21 PM 2:34

RECEIVED

4/21/99

CERTIFICATE OF LIMITED PARTNERSHIP

OF

THE SPEEGLE FAMILY LIMITED PARTNERSHIP

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THE UNDERSIGNED, constituting the General Partner of THE SPEEGLE FAMILY LIMITED PARTNERSHIP, a Florida Limited partnership, hereby files its Certificate of Limited Partnership in accordance with Chapter 620, Florida Statutes, as follows:

1. Name of the Partnership. THE SPEEGLE FAMILY
LIMITED PARTNERSHIP

2. The address of the office of the Partnership is.

395 S. Range Road
Cocoa, FL 32925

3. Name and addresses of the agent for the service of process on the Partnership is.

JEFFREY S. WACHS, ESQ.
1177 S.E. 3rd Avenue
Fort Lauderdale, FL 33316

4. Name and business address of the General Partner is.

JAMES T. SPEEGLE
395 S. Range Road
Cocoa, FL 32925

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5. Mailing address of the Partnership is.

THE SPEEGLE FAMILY LIMITED
PARTNERSHIP
c/o Mr. James T. Speegle,
General Partner
395 S. Range Road
Cocoa, FL 32925

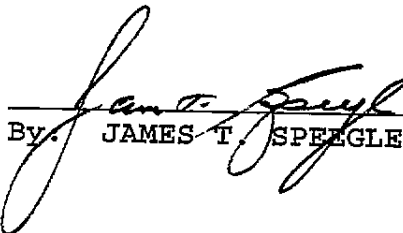
6. Latest date upon which the Partnership will dissolve.

Will be in accordance with Section 620.157
of the Florida Statute, however, no later than
December 31, 2048.

The execution of this Certificate by the undersigned General
Partner constitutes an affirmation under penalties of perjury that
the facts stated herein are true.

IN WITNESS WHEREOF, the undersigned has duly executed this
Certificate of Limited Partnership of THE SPEEGLE FAMILY LIMITED
PARTNERSHIP, this 8 day of MARCH, 1999.

GENERAL PARTNER:

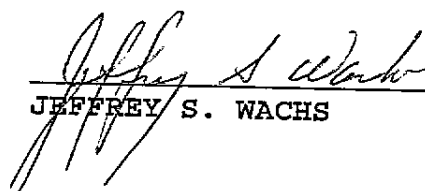

By. JAMES T. SPEEGLE

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

FILED
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Having been named as Registered Agent for THE SPEEGLE FAMILY LIMITED PARTNERSHIP, a Florida limited partnership ("Partnership"), in the foregoing Certificate of Limited Partnership, I, on behalf of the Partnership agree to comply with any and all statutes relative to the complete and proper performance of the duties of a registered agent.

REGISTERED AGENT:



JEFFREY S. WACHS

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

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BEFORE ME, the undersigned authority, personally appeared: **JAMES T. SPEEGLE**, the General Partner of **THE SPEEGLE FAMILY LIMITED PARTNERSHIP**, a Florida limited partnership, herein referred to as the "Partnership", who, upon being duly sworn, certified as follows:

1. As of the date hereof, the amount of capital contributions to the Partnership made by the Limited Partners is as follows:

\$5,000.00

2. The amount of capital contributions anticipated to be contributed by additional Limited Partners is as follows:

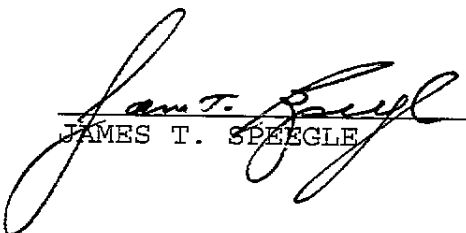
NONE

3. Affiant has executed this Affidavit of Capital Contributions as the duly authorized representative of the General Partner of said Partnership.

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.

DATED this 8 day of MARCH, 1999.


JAMES T. SPEEGLE

STATE OF FLORIDA)
COUNTY OF BREVARD)

SS:

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SWORN TO AND SUBSCRIBED before me, the undersigned authority,
by JAMES T. SPEEGLE, who appeared personally before me and took an
oath, who is personally known to me ~~or who produced~~ _____
_____ as identification, on this 8
day of MARCH, 1999.

Diane S. Forader
Notary Public, State of Florida
Print Name: _____
My Commission Number: _____
My Commission Expires: _____

