Division of Corporations

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## Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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5/26/99

To:

Division of Corporations

Fax Number

: (850)922-4003

From: Karen L. DiDea (Direct Dial No. 407/418-6462)

Account Name : LOWNDES, DROSDICK, DOSTER, KANTOR & REED, P.A.

Account Number: 072720000036 Phone: (407)843-4600

Phone : (407)843-4600 Fax Number : (407)843-4444

ATTORNEY NO. 424 PLEASE FILE THE CERTIFICATE OF LIMITED PARTNERSHIP FOR

CLIENT NO. 914097 DLS INSURANCE PARTNERSHIP, LTD. WITH AN EFFECTIVE

MATTER NO. 64459 FILING DATE OF 5/26/99.

### FLORIDA LIMITED PARTNERSHIP

DLS INSURANCE PARTNERSHIP, LTD.

Certificate of Status	0
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Estimated Charge	\$140.00

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## CERTIFICATE OF LIMITED PARTNERSHIP OF DLS INSURANCE PARTNERSHIP, LTD.

The undersigned, hereby makes and files with the Secretary of State of the State of Florida, this Certificate of Limited Partnership for the purpose of forming a limited partnership for profit in accordance with the laws of the State of Florida.

- 1. NAME OF PARTNERSHIP. The name of the partnership shall be DLS CONTROL OF STATE OF THE NAME OF PARTNERSHIP, LTD.
- 2. LOCATION OF PRINCIPAL PLACE OF BUSINESS. The principal place of business of the partnership shall be located at 400 East South Street, Suite 500, Orlando, Florida 32801 or at such other place or places as the General Partner shall from time to time determine.
  - NAME AND ADDRESS OF THE AGENT FOR SERVICE OF PROCESS.

Timothy J. Seneff 400 East South Street, Suite 500 Orlando, Florida 32801

4. NAME AND BUSINESS ADDRESS OF THE GENERAL PARTNER.

Insurance Partnership Manager #2, LLC 400 East South Street, Suite 500 Orlando, Florida 32801

MAILING ADDRESS OF THE LIMITED PARTNERSHIP.

400 East South Street, Suite 500 Orlando, Florida 32801

This document was prepared by:
Loran A. Johnson, Esq.
Florida Bar Number: 339350
Lowndes, Drosdick, Doster, Kantor & Reed, P.A.
P. O. Box 2809
Orlando, Florida 32802-2809
(407) 843-4600

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6. <u>TERM</u>. The partnership shall be dissolved on December 31, 2050, unless sooner dissolved and terminated prior to such date as provided in the Limited Partnership Agreement of the partnership.

EXECUTED this 22rd day of May, 1999.

#### GENERAL PARTNER

Insurance Partnership Manager #2, LLC, a Florida limited liability company

Rv.

Managing Member

99 MAY 26 PM 2: 32

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#### AFFIDAVIT OF LIMITED PARTNERS' CONTRIBUTIONS

Pursuant to the provisions of the Florida Revised Uniform Limited Partnership Act, Florida Statutes, Chapter 620.108, the undersigned certifies that the capital contributions of the Limited Partners of DLS INSURANCE PARTNERSHIP, LTD. are \$900. No additional capital contributions by the Limited Partners are required.

FURTHER AFFIANT SAYETH NOT.

Under the penalties of perjury I declare that I have read the foregoing and know the contents thereof and the facts stated herein are true and correct.

EXECUTED this \_\_\_\_d day of May, 1999.

GENERAL PARTNER

Insurance Partnership Manager #2, LLC

Managing Member

a Florida limited liability company

ACCEPTANCE OF REGISTERED AGENT

Bv

THE UNDERSIGNED, Timothy J. Seneff, accepts his designation as Registered Agent for DLS INSURANCE PARTNERSHIP, LTD. and the obligations imposed on him as Registered Agent pursuant to the Florida Revised Uniform Limited Partnership Act, Florida Statutes, Chapter 620.

EXECUTED this 225d day of May, 1999.

Timothy J Seneff

Registered Agent