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ACCOUNT NO. : 072100000032

REFERENCE: 317390 4724636

AUTHORIZATION:

ORDER DATE: July 23, 1999

ORDER TIME : 12:47 PM

ORDER NO. : 317390-005

CUSTOMER NO: 4724636

CUSTOMER: David Dreyer, Esq

JONES FOSTER JOHNSTON & STUBBS JONES FOSTER JOHNSTON & STUBBS

Suite 1100 _ _

505 South Flagler Drive West Palm Beach, FL 33401

DOMESTIC FILING

NAME: HALE FAMILY 1999 LIMITED

PARTNERSHIP

EFFECTIVE DATE:

ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY PLAIN STAMPED COPY

____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Tamara Odom

EXAMINER'S INITIALS:

***1837**.**50 ***1837.50



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

July 23, 1999

RESUBMIT

Please give original submission date as file date.

TAMARA ODOM CSC NETWORKS TALLAHASSEE, FL

SUBJECT: HALE FAMILY 1999 LIMITED PARTNERSHIP

Ref. Number: W99000017055

We have received your document for HALE FAMILY 1999 LIMITED PARTNERSHIP and your check(s) totaling \$1837.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED your \$1,837.50 filing fee.

The address in Item 2 -- the address of the office of the partnership -- should be a street address.

It seems to us that the address in Item 5 would be the partnership's street address.

But note that the address in Item 5 is supposed to be the partnership's mailing address. So if the partnership has a P.O. BOX address, shouldn't that address be listed as the mailing address?

Please correct as necessary.

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 (850) 487-6914.

Buck Kohr Corporate Specialist

Letter Number: 699A00037849

CERTIFICATE OF LIMITED PARTNERSHIP

The undersigned, in order to form a limited partnership pursuant to the Florida Revised Uniform Limited Partnership Act as set forth in Sections 620.101, et seq. of the Florida Statutes, do hereby certify:

- 1. The name of the limited partnership is "HALE FAMILY 1999 LIMITED PARTNERSHIP";
- 2. The address of the office of the partnership is: 9250 US Route 1, Wabasso, Florida 32970
- 3. The name of the agent for service of process is THORNTON M. HENRY, whose business address is 505 S. Flagler Drive, Suite 1100, West Palm Beach, FL 33402-3475;
- 4. The name of the general partner is: M&S HALE, INC., whose business address is: c/o Hale Indian River Groves, Post Office Box 700217 Wabasso, FL 32970
- 5. The mailing address for the limited partnership is: 9250 US Route 1, Wabasso, Florida 32970
- 6. The latest date upon which the limited partnership is to dissolve is fifty (50) years from the filing of this Certificate;
- 7. This certificate is effective upon filing.

The undersigned affirms under penalties of perjury that the facts stated herein are true.

M&S HALE, INC.

By: STEPHEN C. HALE, J

Its: President

The undersigned hereby accepts his appointment as agent for service of process.

THORNTON M. HENRY

AFFIDAVIT

The undersigned, Stephen C. Hale, Jr., as President of M&S HALE, INC., being duly swi does hereby depose and say: 1.

- I am are over the age of eighteen (18) years and believe in the obligation of an oath.
- The limited partners anticipate contributing property to the partnership having a fair 2. market value of Two Million Dollars (\$2,000,000). No further contributions by the limited partners

M&S HALE, INC.

Its: President

STATE OF FLORIDA

COUNTY OF INDIAN ZIVED

The foregoing instrument was sworn to, subscribed and acknowledged before me this 4th day of May, 1999 by Stephen C. Hale, Jr. as President of M&S HALE, INC., General Partner of the Hale Family 1999 Limited Partnership, who is personally known to me.

(Notary Seal)

Notary Public Print Name My commission expires:

THORNTON M. HENRY Notary Public, State of Florida My Commission Expires Sept. 11, 1999 Commission No. CC 584328

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