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ACCOUNT NO. : 072100000032
REFERENCE : 489370 9964A
AUTHORIZATION :
COST LIMIT : \$ ~~140.00~~

Patricia Pizit

FILED
STATEMENTS
DIVISION OF CORPORATIONS
99 NOV 22 PM 5:11

ORDER DATE : November 22, 1999
ORDER TIME : 10:12 AM
ORDER NO. : 489370-010
CUSTOMER NO: 9964A

157.50

700003051177--1

CUSTOMER: Ronda M. Parris, Legal Asst
SHUMAKER LOOP & KENDRICK
SHUMAKER LOOP & KENDRICK
Barnet Plaza, Suite 2800
101 East Kennedy Boulevard
Tampa, FL 33602

5

DOMESTIC FILING

NAME: DIASTI FLORIDA FAMILY LIMITED PARTNERSHIP

Lawyer

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
XX CERTIFICATE OF LIMITED PARTNERSHIP

BK

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

99 NOV 22 PM 12:12

RECEIVED

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janna Wilson

EXAMINER'S INITIALS: _____

Jilene

**CERTIFICATE OF LIMITED PARTNERSHIP OF
DIASTI FLORIDA FAMILY LIMITED PARTNERSHIP,
a Florida limited partnership**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 NOV 22 PM 5:41

The undersigned General Partner, desiring to form a limited partnership pursuant to the Florida Revised Uniform Limited Partnership Act (1986) and in line with the requirement of F.S. 620.108, hereby states:

1. The name of the Partnership is: **DIASTI FLORIDA FAMILY LIMITED PARTNERSHIP.**

2. The address of the office of the Partnership is: **2502 Rocky Point Drive, Suite 1000, Tampa, Florida 33607.**

3. The name and address of the agent for service of process on the Partnership is: **Bruce H. Gordon, c/o Shumaker, Loop & Kendrick, LLP, 101 East Kennedy Boulevard, Suite 2800, Tampa, Florida 33602.**

4. The name and business address of the General Partner is:

**DIASTI MANAGEMENT, INC.
2502 Rocky Point Drive, Suite 1000
Tampa, Florida 33607**

9900002039

5. The mailing address of the Partnership is: **2502 Rocky Point Drive, Suite 1000, Tampa, Florida 33607.**

6. The latest date upon which the Partnership shall dissolve is: **December 31, 2024.**

7. It is the intent of the General Partner of this limited partnership that the Partnership be formed effective immediately.

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 NOV 22 PM 3:41

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

IN WITNESS WHEREOF, this Certificate of Limited Partnership has been executed by the General Partner of the DIASTI FLORIDA FAMILY LIMITED PARTNERSHIP on this 19th day of November, 1999.

“GENERAL PARTNER”

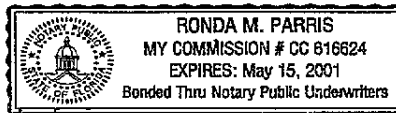
DIASTI MANAGEMENT, INC.

By: *BH Gordon*
BRUCE H. GORDON, Vice President

STATE OF FLORIDA
COUNTY OF HILLSBOROUGH

The foregoing instrument was acknowledged before me this 19th day of November, 1999, by **BRUCE H. GORDON**, the Vice President of DIASTI MANAGEMENT, INC., who is () personally known to me or () has produced _____ as identification.

Ronda M. Parris
Notary Public
Print: _____
My Commission Expires: _____

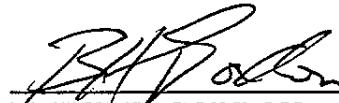


**ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT
FOR THE DIASTI FLORIDA FAMILY LIMITED PARTNERSHIP**

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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Having been named as statutory registered agent for the DIASTI FLORIDA FAMILY LIMITED PARTNERSHIP, a Florida limited partnership (the "Partnership"), in the foregoing Certificate of Limited Partnership, I hereby agree to act in that capacity, and, on behalf of the Partnership, to accept service of process for the Partnership and to comply with any and all statutes relative to the complete and proper performance of the duties of registered agent in line with F.S. 620.105(2).

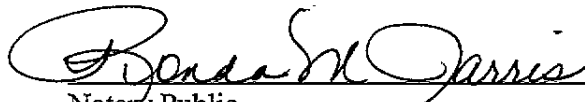
"REGISTERED AGENT"



BRUCE H. GORDON
Shumaker, Loop & Kendrick, LLP
101 E. Kennedy Blvd., #2800
Tampa, Florida 33602
(813) 229-7600

STATE OF FLORIDA
COUNTY OF HILLSBOROUGH

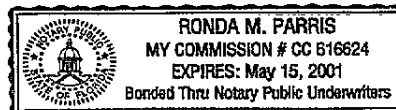
The foregoing instrument was acknowledged before me this 19th day of November, 1999, by **BRUCE H. GORDON**, as Registered Agent, who is (X) personally known to me or () has produced _____ as identification.



Notary Public

Print: _____

My Commission Expires: _____



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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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AFFIDAVIT OF CAPITAL CONTRIBUTIONS
TO THE DIASTI FLORIDA FAMILY LIMITED PARTNERSHIP

STATE OF FLORIDA
COUNTY OF HILLSBOROUGH

BEFORE ME, the undersigned authority, personally appeared **BRUCE H. GORDON**, Vice President of **DIASTI MANAGEMENT, INC.**, as General Partner of the **DIASTI FLORIDA FAMILY LIMITED PARTNERSHIP** (the "Partnership"), who, upon being duly sworn, certify as follows:

1. The amount of capital contributions to the Partnership made by the limited partners is, in the aggregate, cash and property having a value of \$10,000.00.
2. It is not anticipated that additional capital contributions will be made by the Limited Partners.

Under penalties of perjury, the undersigned General Partner declares that she has read the foregoing and that the facts alleged are true, to the best of her knowledge and belief.

"GENERAL PARTNER"

DIASTI MANAGEMENT, INC.

By: *BH Gordon*
BRUCE H. GORDON, Vice President

STATE OF FLORIDA
COUNTY OF HILLSBOROUGH

The foregoing instrument was acknowledged before me this 19th day of November, 1999, by **BRUCE H. GORDON**, Vice President of **DIASTI MANAGEMENT, INC.**, who is () personally known to me or () has produced _____ as identification.

Ronda M. Parris
Notary Public
Print: _____
My Commission Expires: _____

