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ACCOUNT NO. : 072100000032

REFERENCE : 529210 4323655

AUTHORIZATION :

COST LIMIT : \$ PPD

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 DEC 27 AM 10:51

ORDER DATE : December 24, 1999

ORDER TIME : 12:07 PM

ORDER NO. : 529210-005

CUSTOMER NO: 4323655

CUSTOMER: Peter Kelly, Esq
ANNIS MITCHELL COCKEY EDWARDS
ANNIS MITCHELL COCKEY EDWARDS
Post Office Box 3433

Tampa, FL 33601

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-12/27/99--01017--009
***1785.00 ***1785.00

DOMESTIC FILING

NAME: VAUGHN FAMILY LIMITED
PARTNERSHIP

EFFECTIVE DATE: *(Handwritten: 12/28/99)*

 ARTICLES OF INCORPORATION
XX CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janine Lazzarini

EXAMINER'S INITIALS:

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DIVISION OF CORPORATIONS
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99 DEC 27 PM 9:22
TAMPA, FL 33601

(Handwritten: JKL 12/28/99)

**CERTIFICATE OF
LIMITED PARTNERSHIP OF
VAUGHN FAMILY LIMITED PARTNERSHIP**

The undersigned hereby executes and swears to this Certificate of Limited Partnership for the purpose of forming a limited partnership under the laws of the State of Florida.

1. ***Name of Partnership.*** The name of the Partnership shall be VAUGHN FAMILY LIMITED PARTNERSHIP.

2. ***Address of Recordkeeping Office; Agent for Service of Process.*** The records to be kept pursuant to *Florida Statute* Section 620.106 shall be located at 201 N. Franklin St., Suite 2200, Tampa, Florida 33602, and the name of the Partnership's agent for service of process at said address is Peter J. Kelly, Esq.

3. ***Name and Business Address of the General Partners.*** The names and addresses of the General Partners are as follows:

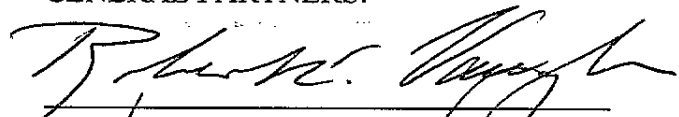
<u>Name</u>	<u>Address</u>
Robert E. Vaughn	P.O. Box 781 Brandon, Florida 33509-0781
Frances C. Vaughn	P.O. Box 781 Brandon, Florida 33509-0781

4. ***Mailing Address for the Limited Partnership.*** The mailing address for the Limited Partnership shall be located at P.O. Box 781, Brandon, Florida 33509-0781 .

5. ***Term.*** The term for which the Partnership is to exist shall be fifty (50) years from the filing of this Certificate in the Office of the Secretary of State of the State of Florida, unless sooner terminated in accordance with a Limited Partnership Agreement for VAUGHN FAMILY LIMITED PARTNERSHIP.

DATED this 3rd day of December, 1999.

GENERAL PARTNERS:

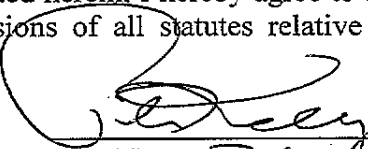

ROBERT E. VAUGHN

FRANCES C. VAUGHN

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ACCEPTANCE BY REGISTERED AGENT

Having been named Registered Agent and designated to accept service of process for the within Limited Partnership, at the place designated herein, I hereby agree to act in this capacity and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.


Print Name: Peter J. Kelly

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DIVISION OF CORPORATIONS
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AFFIDAVIT OF CAPITAL CONTRIBUTIONS

I, ROBERT E. VAUGHN, a general partner of VAUGHN FAMILY LIMITED PARTNERSHIP, a Florida limited partnership, hereinafter referred to as the "Partnership," who upon being sworn, certifies as follows:

1. The limited partners have contributed \$100.00 of capital to the Partnership.
2. It is anticipated that \$9,250,000.00 of additional capital shall be contributed by the limited partners in the future.

This 3rd day of December, 1999.

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.

GENERAL PARTNER:

Robert E. Vaughn
ROBERT E. VAUGHN

STATE OF FLORIDA
COUNTY OF HILLSBOROUGH

The foregoing instrument was acknowledged before me this 3rd day of December, 1999, by ROBERT E. VAUGHN, as general partner of Vaughn Family Limited Partnership, on behalf of the limited partnership, who is personally known to me or who has produced FL Concealed weapon + firearm license as identification and who did take an oath.



Keli S. Crosland
MY COMMISSION # CC826657 EXPIRES
May 14, 2003
BONDED THRU TROY FAIR INSURANCE, INC.

#684263 v1 - 10452-001

Keli S. Crosland
NOTARY PUBLIC
Name: Keli S. Crosland
Commission No. _____
My Commission Expires: _____

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