A99000002234

HARRY A. JONES
ATTORNEY AT LAW

HARBOR TOWNE
11 A. MAX BREWER PARKWAY
TITUSVILLE, FLORIDA 32796

P. O. BOX 6447
TITUSVILLE, FLORIDA 32782-6447
(407) 264-0334
FAX: (407) 269-6840

December 16, 1999

Secretary of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32301

MJH

Re: Certificate of Limited Partnership
Martinez Family Partnership, Ltd.

500003080315--4
-12/27/99--01074--009
*****87.50 *****87.50

Dear Sir/Madam:

Enclosed find an original and one copy of Certificate of Limited Partnership, Affidavit of Partnership Capital Contribution and Certificate of Acceptance of Registered Agent for the above-captioned Partnership, together with check in the sum of $87.50 to cover your filing fees, including the Designation of Resident Agent.

Please stamp the copy of the Certificate with the date received in your office and return to the undersigned.

Thank you for your assistance in this matter.

Very truly yours,

Harry A. Jones

HAJ/re
Enc.

99 DEC 27 PM 4:34
SECRETARY OF STATE
DIVISION OF CORPORATIONS

CERTIFICATE OF LIMITED PARTNERSHIP OF
MARTINEZ FAMILY PARTNERSHIP, LTD.

The undersigned desiring to form a limited partnership in accordance with the Florida Revised Uniform Limited Partnership Act (1986) and being duly sworn does certify as follows:

1. The name of the Partnership is **MARTINEZ FAMILY PARTNERSHIP, LTD.**

2. The address of the office of the Partnership is **1395 North Courtenay Parkway, Merritt Island, FL 32953**. The name and business address of the registered agent of the Partnership is: **ARMANDO O. MARTINEZ, 1395 North Courtenay Parkway, Merritt Island, FL 32953**

3. The name and business of each partner is as follows:

General Partner

ARMANDO O. MARTINEZ
1395 North Courtenay Parkway
Merritt Island, FL 32953

Limited Partner

ARMANDO O. MARTINEZ, individually
and as Trustee of the
ARMANDO O. MARTINEZ FAMILY TRUST
1395 North Courtenay Parkway
Merritt Island, FL 32953

DANIA MARTINEZ, individually
and as Trustee of the
DANIA MARTINEZ TRUST
1395 North Courtenay Parkway
Merritt Island, FL 32953

99 DEC 27 PM 4:34

4. The mailing address of the Partnership is **1395 North Courtenay Parkway, Merritt Island, FL 32953**

5. The Partnership's existence shall begin upon the issuance of a Certificate of Authority to do Business by the State of Florida and shall continue until 12:00 noon on **December 31, 2039**, unless earlier dissolved pursuant to the provisions of this Agreement of Limited Partnership of **MARTINEZ FAMILY PARTNERSHIP, LTD.**

IN WITNESS WHEREOF, the undersigned executed this Certificate as the General Partner on the 20th day of December, 1999.

Witnesses:

"GENERAL PARTNER"

ARMANDO O. MARTINEZ

STATE OF FLORIDA
COUNTY OF BREVARD

The foregoing instrument was acknowledged before me this 12/20/99 day of December, 1999 by ARMANDO O. MARTINEZ, who is personally known to me and who did not take an oath.

Notary Public
My Commission Expires:

Mary B. Herbert
MY COMMISSION # CC700827 EXPIRES
December 10, 2001
BONDED THRU TROY FAIN INSURANCE, INC.

CERTIFICATE OF ACCEPTANCE OF
REGISTERED AGENT AND STREET ADDRESS FOR
SERVICE OF PROCESS

Pursuant to Section 48.061, Florida Statutes, I hereby accept the foregoing designation as registered agent of **MARTINEZ FAMILY PARTNERSHIP, LTD.** for service of process within the State of Florida at **1395 North Courtenay Parkway, Merritt Island, FL 32953**

Dated 12/20/99.

ARMANDO O. MARTINEZ

C:MARTINEZS-PTS.LTD

AFFIDAVIT OF PARTNERSHIP CAPITAL CONTRIBUTION

STATE OF FLORIDA
COUNTY OF BREVARD

BEFORE ME, the undersigned Notary Public, personally appeared ARMANDO O. MARTINEZ, who first being duly sworn, deposes and says:

1. That he is the General Partner of **MARTINEZ FAMILY PARTNERSHIP, LTD.**, and as such has full and complete knowledge as to the contents of this Affidavit.

2. That the total maximum amount of capital contributions of the Limited Partner of **MARTINEZ FAMILY PARTNERSHIP, LTD** shall be the sum of $ 5,000.00 . The Affiant further states that the anticipated total capital contribution of the Limited Partner shall be equal to but not more than $ 5,000.00 .

3. That this Affidavit is given pursuant to the provisions of Chapter 620.108, Florida Statutes, and under penalties of perjury.

IN WITNESS WHEREOF, the Affiant has set his hand and seal in Brevard County, Florida, this 20th day of December, 1999.

A. O. Martinez
ARMANDO O. MARTINEZ

STATE OF FLORIDA
COUNTY OF BREVARD

The foregoing instrument was acknowledged before me this 12/20/99 day of December, 1999 by ARMANDO O. MARTINEZ, who is personally known to me, and an oath was not taken.

Mary Herbert
Notary Public

My Commission Expires:

Mary B. Herbert
MY COMMISSION # CC700827 EXPIRES
December 10, 2001
BONDED THRU TROY FAIN INSURANCE, INC.