Division of Corporations

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FLORIDA LIMITED PARTNERSHIP

Group 3 Investments, LLLP

Certificate of Status	0
Certified Copy	1
Page Count	01
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CERTIFICATE OF LIMITED PARTNERSHIP OF GROUP 3 INVESTMENTS, LLLP

THIS CERTIFICATE is made this ____ day of ______, 2004, by Gary E. Gallagher, William M. Armstrong, and Thomas Donald, who are all of the general partners of Group 3 Investments, LLLP (the "Partnership"). The undersigned certifies as follows:

- 1. The name of the limited partnership is Group 3 Investments, LLLP.
- 2. The address of the office required to be maintained by the Partnership in Florida pursuant to Section 620.105 of the Florida Statutes is 1017 Frankland Road, Tampa, Florida 33629, and the name and address of the agent for service of process is CFRA, LLC, Corporate Center Three at International Plaza, 4221 W. Boy Scout Boulevard, Tampa, Florida 33607-5736.
- 3. The names and business addresses of all of the general partners of the Partnership are as follows:

Gary E. Gallagher 1017 Frankland Road Tampa, Florida 33629

William M. Armstrong 1017 Frankland Road Tampa, Florida 33629

Thomas Donald 1017 Frankland Road Tampa, Florida 33629

- 4. The mailing address of the Partnership is 1017 Frankland Road, Tampa, Florida 33629.
 - 5. The latest date upon which the Partnership is to dissolve is 12/31/2100.

6. This Certificate of Limited Partnership is made in accordance with Section 620,108 of

the Elbrida Statutes

Gary E. Gallagher, General Partner

William M. Homstrong, General Partner

General Partner

TPA#1948123.1

AFFIDAVIT

STATE OF FLORIDA

COUNTY OF

BEFORE ME, the undersigned authority, personally appeared Gary E. Gallagher, William M. Armstrong and Thomas Donald, who, being by me first duly sworn, each deposes and says:

- 1. Gary E. Gallagher, William M. Armstrong and Thomas Donald are serving as the only general partners of Group 3 Investments, LLLP, a Florida limited liability limited partnership (the "Partnership"), and they are duly authorized to execute this affidavit on behalf of the Partnership.
- 2. The amount of the actual capital contribution of the limited partners to the Partnership is \$ 0, which is the total amount anticipated to be contributed by the limited partners.

This affidavit is made in compliance with Section 620.108(1) of the Florida Statutes.

Gary E. Gallagher, General Partner

William M. Amstrong, General Partner

Thomas Donald, General Partner

STATE OF FLORIDA

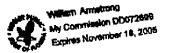
COUNTY OF

Sworn	to and subscribe	ed before me this	l day of \underline{l}	Defeber	_, 2004, by Gary E.
Gallagher, the	general partner	of Group 3 Invest	ments, LLL	P, on behalf of	the Partnership. He
/ <u>YES</u> / is per	rsonally known	to me, or has prod	luced /_ 니크	_/ his Florida o	driver's license, or
/ de / his _	N	as identif	ication, and	did not take an	oath.

Name:_

Serial No. DDD72849 Notary Public, State of Planta

(AFFIX OFFICIAL SEAL)



STATE OF FLORIDA

COUNTY OF

Sworn to and subscribed before me this \(\frac{1}{2} \) day of \(\frac{1}{2} \) c. \(\frac{1}{2} \) 2004, by William M. Armstrong, the general partner of Group 3 Investments, LLLP, on behalf of the Partnership. He \(\frac{1}{2} \) is personally known to me, or has produced \(\frac{1}{2} \) his Florida driver's license, or \(\frac{1}{2} \) his \(\frac{1}{2} \) as identification, and did not take an oath.

Name:

Serial No.

Notary Public,
State of

(AFFIX OFFICIAL SEAL)

STATE OF FLORIDA

COUNTY OF

Sworn to and subscribed before me this the day of _______, 2004, by Thomas Donald, the general partner of Group 3 Investments, LLLP, on behalf of the Partnership. He /_______, is personally known to me, or has produced /_______, his Florida driver's license, or /______, his _______ as identification, and did not take an oath.

Serial No.

Notary Public,

State of Smoth Carolina

(AFFIX OFFICIAL SEAL)

ACCEPTANCE BY REGISTERED AGENT

Having been named as registered agent and to accept service of process for the Partnership, at the place designated as the registered office, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the duties and obligations of my position as registered agent.

Dated this St day of October, 2004.

Registered Agent:

CFRA, LLC, a Florida limited liability company

Cristin A. Conle