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THE UNITED STATES
CORPORATION
COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 535460 4346980

AUTHORIZATION :

COST LIMIT : \$ PRE-PAID

ORDER DATE : December 31, 1999

ORDER TIME : 11:06 AM

ORDER NO. : 535460-005

CUSTOMER NO: 4346980

CUSTOMER: August Van Epoel, Esq
KALISH & WARD
KALISH & WARD
101 East Kennedy Boulevard
4100 Barnett Plaza
Tampa, FL 33602

DOMESTIC FILING

NAME: GRIFFIN FAMILY LIMITED
PARTNERSHIP

EFFECTIVE DATE:

XX CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

CONTACT PERSON: Carrie Vaught

EXAMINER'S INITIALS:

BK
1/4/00

SUBMIT

use give original
date
00 JAN -3 AM 10:57
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

600003085416-4
-01/03/00--01015--011
***1837.50 ***1837.50

RECEIVED
00 JAN -4 AM 8:50
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

RECEIVED
00 JAN -3 AM 8:52
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

January 3, 2000

CARRIE VAUGHT
CSC NETWORKS
TALLAHASSEE, FL

SUBJECT: GRIFFIN FAMILY LIMITED PARTNERSHIP
Ref. Number: W00000000037

We have received your document for GRIFFIN FAMILY 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):

The limited partnership name designated in the document is not available since it is the same as, or not distinguishable from the name of another entity on file with this office. Please select a new name and make the substitution in all the appropriate places.

Also, please note that you cannot specify an EFFECTIVE DATE prior to the date of filing. This document was received on January 3, 2000. That's the earliest file date it can receive.

ALSO, please note that we have RETAINED your \$1,837.50 payment.

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: 200A00000051

RECEIVED
DIVISION OF CORPORATIONS
00 JAN -3 AM 10:57

RECEIVED
SUBMIT

**CERTIFICATE OF LIMITED PARTNERSHIP
OF
O.M. GRIFFIN FAMILY LIMITED PARTNERSHIP
A FLORIDA LIMITED PARTNERSHIP**

RECEIVED
DIVISION OF CORPORATIONS
00 JAN -3 AM 10:57

The undersigned general partner, desiring to form a limited partnership pursuant to the Florida Revised Uniform Limited Partnership Act as set forth in Section 620.108, Florida Statutes, hereby states the following:

1. The name of the Partnership is the O.M. GRIFFIN FAMILY LIMITED PARTNERSHIP
2. The business address of the Partnership is 13174 Highway 92 East, Dover, Florida 33527.
3. The name and address of the agent for service of process on the Partnership is Osburn M. Griffin, 13174 Highway 92 East, Dover, Florida 33527.
4. The name and business address of the general partner is as follows:

Osburn M. Griffin as Trustee of the
Osburn M. Griffin Revocable Trust
Agreement u/a/d September 18, 1999

13174 Highway 92 East
Dover, Florida 33527

and

Grace D. Griffin as Trustee of the
Grace D. Griffin Revocable Trust
Agreement u/a/d September 18, 1999

13174 Highway 92 East
Dover, Florida 33527

5. The mailing address of the Partnership is 13174 Highway 92 East, Dover, Florida 33527.
6. The effective date and filing date of this Partnership shall be January 3, 2000.
7. The latest date upon which the Partnership shall dissolve is December 31, 2040.

The execution of this Certificate of Limited Partnership by the undersigned general partner constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned, personally appeared Osburn M. Griffin, as Trustee of the Osburn M. Griffin Revocable Trust Agreement u/a/d September 18, 1999, and Grace D. Griffin, as Trustee of the Grace D. Griffin Revocable Trust Agreement u/a/d September 18, 1999, both acting as the General Partner of the O.M. GRIFFIN FAMILY LIMITED PARTNERSHIP, a Florida limited partnership, hereinafter referred to as the "Partnership," who upon being duly sworn, certify as follows:

1. The amount of capital contributions of the limited partners is \$3,140,000.
2. The estimated total amount contributed and anticipated to be contributed by the limited partners at this time is \$3,140,000.

DATED this 29th day of December, 1999.

AFFIANT SAYS NOTHING FURTHER.

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:

OSBURN M. GRIFFIN AS TRUSTEE OF THE
OSBURN M. GRIFFIN REVOCABLE TRUST
AGREEMENT u/a/d SEPTEMBER 18, 1999



OSBURN M. GRIFFIN, TRUSTEE

GRACE D. GRIFFIN AS TRUSTEE OF THE
GRACE D. GRIFFIN REVOCABLE TRUST
AGREEMENT u/a/d SEPTEMBER 18, 1999



GRACE D. GRIFFIN, TRUSTEE

IN WITNESS WHEREOF, this Certificate of Limited Partnership has been executed by the
general partner of ~~Griffin~~ Family Limited Partnership this 29 day of December, 1999.

General Partner:

OSBURN M. GRIFFIN AS TRUSTEE OF THE
OSBURN M. GRIFFIN REVOCABLE TRUST
AGREEMENT u/a/d SEPTEMBER 18, 1999

BY: Osburn M. Griffin
OSBURN M. GRIFFIN, TRUSTEE

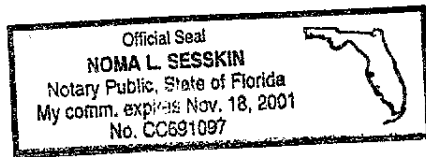
GRACE D. GRIFFIN AS TRUSTEE OF THE
GRACE D. GRIFFIN REVOCABLE TRUST
AGREEMENT u/a/d SEPTEMBER 18, 1999

BY: Grace D. Griffin
GRACE D. GRIFFIN, TRUSTEE

RECEIVED
OFFICE OF THE CLERK
00 JAN -3 AM 10:57

**STATE OF FLORIDA
COUNTY OF HILLSBOROUGH**

The foregoing instrument was acknowledged before me this 29th day of December, 1999, by Osburn M. Griffin, as Trustee of the Osburn M. Griffin Revocable Trust Agreement u/a/d September 18, 1999, who is personally known to me or who produced _____ as identification.



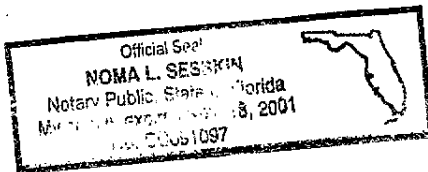
Noma L. Sesskin

NOTARY PUBLIC
Print Name: _____
My Commission Expires: _____

FILED
JAN -3 AM 10:57
HILLSBOROUGH COUNTY
FLORIDA

**STATE OF FLORIDA
COUNTY OF HILLSBOROUGH**

The foregoing instrument was acknowledged before me this 29th day of December, 1999, by Grace D. Griffin, as Trustee of the Grace D. Griffin Revocable Trust Agreement u/a/d September 18, 1999, who is personally known to me or who produced _____ as identification.



Noma L. Sesskin

NOTARY PUBLIC
Print Name: _____
My Commission Expires: _____

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been named as registered agent for the O.M. GRIFFIN FAMILY LIMITED PARTNERSHIP, a Florida limited partnership (the "Partnership"), in the foregoing Certificate of Limited Partnership, I, on behalf of the Partnership, hereby agree to accept service of process for said Partnership and to comply with any and all statutes relative to the complete and proper performance of the duties of the registered agent.

DATED: December 29, 1999.

REGISTERED AGENT:

Osburn M. Griffin
OSBURN M. GRIFFIN

109897

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 JAN -3 AM 10:57