



THE UNITED STATES
CORPORATION
COMPANY

A00000000277

ACCOUNT NO. : 072100000032

REFERENCE : 587089 4323655

AUTHORIZATION :

COST LIMIT : PPD

ORDER DATE : February 14, 2000

ORDER TIME : 11:20 AM

ORDER NO. : 587089-005

CUSTOMER NO: 4323655

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

Tampa, FL 33601

DOMESTIC FILING

NAME: HENSON FAMILY LIMITED
PARTNERSHIP

500003133965-1-3

-02/14/00--01062--010

***1785.00 ***1785.00

EFFECTIVE DATE:

 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: Christine Lillich

EXAMINER'S INITIALS:

FILED STATE
DEPARTMENT OF CORPORATIONS
00 FEB 14 PM 1:46

RECEIVED
00 FEB 14 PM 12:11
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

BK
2/14/00

**CERTIFICATE OF
LIMITED PARTNERSHIP OF
HENSON 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 HENSON 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>
Nonita Cuesta Henson	3332 Wallcraft Avenue Tampa, FL 33611

4. ***Mailing Address for the Limited Partnership.*** The mailing address for the Limited Partnership shall be located at 3332 Wallcraft Avenue, Tampa, Florida 33611.

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 HENSON FAMILY LIMITED PARTNERSHIP.

DATED this 31 day of December, 1999.

GENERAL PARTNER:

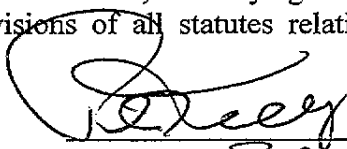
Nonita Cuesta Henson
NONITA CUESTA HENSON

FILED
OFFICE OF THE SECRETARY OF STATE
00 FEB 14 PM 1:46
OFFICE OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 FEB 14 PM 1:46

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

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

I, NONITA CUESTA HENSON, the sole general partner of HENSON 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 of capital to the Partnership.
2. It is anticipated that \$ 1,400,000 of additional capital shall be contributed by the limited partners in the future.

This 31 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:

Nonita Cuesta Henson
NONITA CUESTA HENSON

STATE OF FLORIDA
COUNTY OF HILLSBOROUGH

The foregoing instrument was acknowledged before me this 31, day of December, 1999, by NONITA CUESTA HENSON, as general partner of Henson Family Limited Partnership, on behalf of the limited partnership, who is personally known to me or who has produced _____ as identification and who did take an oath.

Peter J. Kelly
NOTARY PUBLIC

Name: _____

Commission No. _____

My Commission Expires: _____

#684264 v1 - 10016-001



Peter J. Kelly
MY COMMISSION # CC785488 EXPIRES
October 22, 2002
BONDED THRU TROY FAIN INSURANCE, INC.