	ACCOUNT NO. : 07210000032
	REFERENCE : 630500 81707A
	AUTHORIZATION: Patricia Paris
	COST LIMIT : \$ PPD
ORDER DATE	E: March 20, 2000
ORDER TIME	H 1 41 (1)
ORDER NO.	: 630500-005 2000031757
CUSTOMER N	NO: 81707A
CUSTOMER:	George Ortiz, Esq GEORGE ORTIZ, ESQ GEORGE ORTIZ, ESQ Suite 128 1515 East Silver Springs Blvd Ocala, FL 34470
	DOMESTIC FILING
NAM	E: STIVERSON FAMILY LIMITED PARTNERSHIP
	EFFECTIVE DATE: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
7 70	CLES OF INCORPORATION IFICATE OF LIMITED PARTNERSHIP URN THE FOLLOWING AS PROOF OF FILING:

FILE 1St

EXAMINER'S INITIALS:



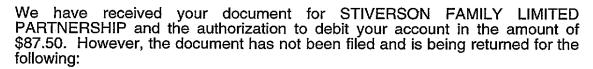
FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

March 21, 2000

JANINE LAZZARINI CSC NETWORKS TALLAHASSEE, FL

SUBJECT: STIVERSON FAMILY LIMITED PARTNERSHIP

Ref. Number: W00000007566



Please note that \$87.50 is required to file this partnership. But if you also want a Certified Copy, the TOTAL REQUIRED AMOUNT will be \$140.00.

ALSO, we do NOT need the AGREEMENT document. The only documents we are required to obtain are the CERTIFICATE, the AFFIDAVIT, and the R.A. ACCEPTANCE.

Unless there is some special reason why this limited partnership wishest to make its AGREMENT a matter of public record, please do NOT return the Agreement.

ALSO, before this limited partnership can be filed, the general partner -- STIVERSON FAMILY LIMITED LIABILITY COMPANY -- must complete its filing.

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: 100A000156

FILE 21

MAR 29 AM 8: L

CERTIFICATE OF LIMITED PARTNERSHIP OF STIVERSON FAMILY LIMITED PARTNERSHIP, a Florida limited partnership

The undersigned General Partner, desiring to form a limited partnership pursuant to the Florida Revised Uniform Limited Partnership Act (1986), hereby states:

- 1. The name of the Partnership is the Stiverson Family Limited Partnership.
- 2. The address of the office of the Partnership is 812 S.E. 49th Avenue, Ocala, Florida 34471.
- 3. The name and address of the agent for service of process on the Partnership is Scott Stiverson, 812 S.E. 49th Avenue, Ocala, Florida 34471.
- 4. The name and business address of the sole general partner is the Stiverson Family Limited Liability Company, 812 S.E. 49th Avenue, Ocala, Florida 34471.
- 5. The mailing address of the Partnership is 812 S.E. 49th Avenue, Ocala, Florida 34471.
 - 6. The latest date upon which the Partnership shall dissolve is the later of:
 - a) the dissolution or withdrawal of the General Partner;
 - b) the filing of a petition in bankruptcy against the General Partner if such petition is not dismissed within sixty (60) days of the date of filing:
 - c) the expiration of any fixed term which the partnership may
 - d) the disposition of all Partnership Property; or
 - e) the election of the General Partner to terminate the Partnership.

The execution of this certificate by the undersigned General Partner constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

IN WITNESS WHEREOF, this Certificate of Limited Partnership has been executed on behalf of the sole General Partner of the Stiverson Family Limited Partnership this | day of MARCH 2000.

GENERAL PARTNER:

Stiverson Family Limited Liability

Company

Title: Member

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned authority, personally appeared SCOTE STIVERSON, Member of the STIVERSON FAMILY LIMITED LIABILITY COMPANY, the sole general partner of the STIVERSON FAMILY LIMITED PARTNERSHIP (the "Partnership"), who, upon being duly sworn, certified as follows:

- 1. The amount of capital contributions to the Partnership made by the limited partners is, in the aggregate, One Thousand and No/100 (\$1,000 00) Dollars.
- 2. It is not anticipated the limited partners will make additional capital contributions.

FURTHER AFFIANT SAYETH NOT:

Under penalties of perjury, I declare I have read the foregoing and the facts alleged are true, to the best of my knowledge and belief.

GENERAL PARTNER:

Stiverson Family Limited Liability Company

Scott Stiverson
Title: Member

STATE OF FLÖRIDA COUNTY OF MARION

The foregoing instrument was acknowledged before me this day	Z.
of <u>March</u> , 2000, by SCOTT STIVERSON, who is personally	ž.
known by me or has produced	
as identification and who did not take an oath	

NOTARY PUBLIC

/key Dima /hunlinn
Print Name:
State of ______ at Large
My Commission Expires:



ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

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

REGISTERED AGENT:

Date: 3/00

Scott Stiverson

ON MAR 29 PH 3: 18

SCHEDULE A

GENERAL PARTNERS	CAPITAL CONTRIBUTION	PERCENTAGE INTEREST
Stiverson Family Limited Liability Company	\$100.00	2%
LIMITED PARTNER		
Scott & Trina Stiverson, Joint Tenants By The Entireties	\$1,000.00	98%