

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • Fax (850) 224-8872

A00000000595

SDI, Ltd.

300003197753--8

-04/06/00--01010--023
*****87.50 *****87.50

- ___ Art of Inc. File
- ☒ LTD Partnership File
- ___ Foreign Corp. File
- ___ L.C. File
- ___ Fictitious Name File
- ___ Trade/Service Mark
- ___ Merger File
- ___ Art. of Amend. File
- ___ RA Resignation
- ___ Dissolution / Withdrawal
- ___ Annual Report / Reinstatement
- ☒ Cert. Copy
- ☒ Photo Copy
- ___ Certificate of Good Standing
- ___ Certificate of Status
- ___ Certificate of Fictitious Name
- ___ Corp Record Search
- ___ Officer Search
- ___ Fictitious Search
- ___ Fictitious Owner Search
- ___ Vehicle Search
- ___ Driving Record
- ___ UCC 1 or 3 File
- ___ UCC 11 Search
- ___ UCC 11 Retrieval
- ___ Courier

RECEIVED
DIVISION OF CORPORATIONS
00 APR -7 AM 10:18

RECEIVED
DIVISION OF CORPORATIONS
00 APR -6 AM 10:13

5

200706118857

3/14/00

Signature

Requested by:

LS

4/6/00

9:44

Name

Date

Time

Walk-In

Will Pick Up



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

April 6, 2000

CAPITAL CONNECTION

TALLAHASSEE, FL

SUBJECT: SDI, LTD.

Ref. Number: W00000009181

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 APR -7 AM 10:48

We have received your document for SDI, LTD. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED your \$87.50 payment.

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.

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: 200A00018857

Corrected

RECEIVED
00 APR -7 AM 10:17
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**CERTIFICATE OF LIMITED PARTNERSHIP
AND AFFIDAVIT OF CAPITAL CONTRIBUTIONS
OF JAXLAND, LTD.**

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DIVISION OF CORPORATIONS
00 APR -7 AM 10:48

The undersigned general partner files this Certificate of Limited Partnership of JAXLAND, LTD. with the Florida Secretary of State pursuant to the Florida Revised Uniform Limited Partnership Act ("Act"), for the purpose of forming a Florida limited partnership.

1. Name. The name of the limited partnership is JAXLAND, LTD.
2. Principal Place of Business and Mailing Address. The principal place of business and mailing address of the office at which the records required to be maintained by the partnership under the Act shall be kept are:

7901 Baymeadows Way, Suite 9
Jacksonville, Florida 32256

3. Registered Agent. The registered agent of the limited partnership shall be:

Douglas D. Chunn
225 Water Street, Suite 1250
Jacksonville, Florida 32202

4. General Partner. The name and address of the general partner are as follows:

<u>NAME</u>	<u>ADDRESS</u>
Southern Developers, Inc. 999000110969	7901 Baymeadows Way, Suite 9 Jacksonville, Florida 32256

5. Effective Date. The effective date of the limited partnership shall be the date of filing this Certificate with the Secretary of State.

6. Termination Date. The latest date upon which the limited partnership is to be dissolved and its affairs wound up will be January 31, 2010.

7. Contributions and Anticipated Contributions of Limited Partners. The limited partners will make initial capital contributions for their partnership interest of \$1,000.00. The total amount anticipated to be contributed by the limited partners is \$4,000.00.

8. Affirmation. Each general partner hereby acknowledges that pursuant to the Act:

SPECIAL FILED STATE
DIVISION OF CORPORATIONS
00 APR -7 AM 10:48

8.1 The execution of this certificate by the general partner constitutes an affirmation under penalties of perjury that the facts stated herein are true;

8.2 The general partner accepts the liability imposed by the act on the general partner for a false statement contained in this certificate; and

8.3 If, after the execution of this certificate, a general partner knows that any arrangement or other fact described in this certificate has changed, making the statement inaccurate in any material respect, the general partner will forthwith cause this certificate to be canceled or amended, or file a petition for its cancellation or amendment pursuant to the terms of the Act.

EXECUTED as of this 21st day of March, 2000.

SOUTHERN DEVELOPERS, INC.
General Partner

By M. Curt Geisler
M. Curt Geisler
Its Chairman/CEO

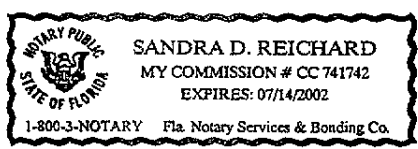
STATE OF FLORIDA
COUNTY OF DUVAL

THE FOREGOING instrument was acknowledged before me this 21st day of March, 2000, by M. Curt Geisler, as Chairman/CEO of Southern Developers, Inc., General Partner of JAXLAND, LTD. a Florida Limited Partnership, on behalf of the partnership, who (X) is personally known to me or () has produced Florida driver's license no. _____ as identification.

Sandra D. Reichard
Name: Sandra D. Reichard
NOTARY PUBLIC, State of Florida

Commission No. _____

My Commission expires: _____



CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 APR -7 AM 10:48

Pursuant to the provisions of Section 607.0501, Florida Statutes, JAXLAND, LTD. organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the limited partnership is JAXLAND, LTD.
2. The name and address of the registered agent and office are Douglas D. Chunn, 225 Water Street, Suite 1250, Jacksonville, Florida 32202.

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED LIMITED PARTNERSHIP AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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 AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.


DOUGLAS D. CHUNN

Dated: March 21, 2000