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Law Offices

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May 10, 2000

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

**MJH**

200003253642--5

-05/15/00--01174--018

\*\*\*\*140.00 \*\*\*\*140.00

**RE: McMILLAN FAMILY LIMITED PARTNERSHIP**

Dear Sir/Madam:

Enclosed herewith please find the original and one copy of the Certificate of Limited Partnership filed on behalf of our client **McMILLAN FAMILY LIMITED PARTNERSHIP** along with a check in the total sum of \$140.00 covering the following fees:

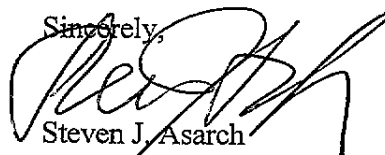
Filing Certificate of Limited Partnership	\$ 52.50
Certified copy of Certificate	52.50
Designation of Registered Agent	<u>35.00</u>
<b>TOTAL FEES</b>	<b>\$ 140.00</b>

Please file the Certificate of Limited Partnership and forward to me a certified copy of the Certificate of Limited Partnership to my office as soon as possible.

Also enclosed is the Affidavit of Capital Contributions and the Acceptance of Appointment as Registered Agent.

Thank you for your attention to this matter. If you have any questions regarding the above, please call my office.

Sincerely,



Steven J. Asarch  
Attorney at Law

SJA/rvg

Enclosures

cc: Mr. John N. McMillan w/Enclosures

mcmillan/familyenterprise/fl-state fl trans cert of flp

00 MAY 15 PM 2:26  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

### CERTIFICATE OF LIMITED PARTNERSHIP

Pursuant to Section 620.108 of the Florida Statutes, the undersigned person, desiring to form a Florida Limited Partnership, hereby swears to and affirms as follows:

1. The name of the Limited Partnership is **McMILLAN FAMILY LIMITED PARTNERSHIP**.

2. The business address of the Limited Partnership is 4357 Davidia Drive, Melbourne, Florida 32934.

3. The name and street address of the agent for service of process is Steven J. Asarch, Esquire, 2385 Executive Center Drive, Suite 250, Boca Raton, Florida 33431.

4. The mailing address of the Limited Partnership is 4357 Davidia Drive, Melbourne, Florida 32934.

5. The term of the Limited Partnership shall commence upon the filing of this Certificate of Limited Partnership with the State of Florida, and shall terminate on the 31st day of December, 2050, unless otherwise terminated or extended in accordance with the provisions of the Limited Partnership Agreement.

6. The name and address of the General Partner is as follows:

McMillan Family Enterprises, Inc.  
4357 Davidia Drive  
Melbourne, Florida 32934

P000000029356

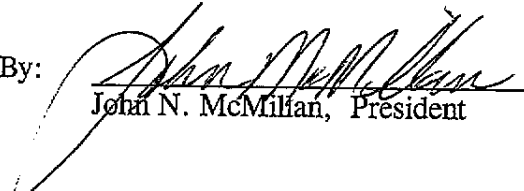
Under penalties of perjury, the undersigned declares that he has read the foregoing and knows the contents thereof and that the facts stated herein are true and correct.

Executed this 3 day of May, 2000.

GENERAL PARTNER:

McMILLAN FAMILY ENTERPRISES, INC.

By:


  
John N. McMillan, President

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 MAY 15 PM 2:26

**ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT**

Having been named as Registered Agent for McMILLAN FAMILY LIMITED PARTNERSHIP, a Florida Limited Partnership, in the foregoing Certificate of Limited Partnership, I, on behalf of the Partnership, hereby agree to accept service of process for said Limited Partnership and to comply with any and all Statutes relative to the complete and proper performance of the duties of registered agent.

REGISTERED AGENT

  
STEVEN J. ASARCH

**AFFIDAVIT OF CAPITAL CONTRIBUTIONS**

The undersigned, being the sole general partner of McMILLAN FAMILY LIMITED PARTNERSHIP, a Florida Limited Partnership, certifies as follows:

1. The amount of capital contributions to date of the limited partners is \$1,000.00.
2. The total amount contributed and anticipated to be contributed by the limited partners at this time totals approximately \$1,000.00

Dated this 3 day of May, 2000.

FURTHER AFFIANT SAYETH NAUGHT.

Under the penalties of perjury, the undersigned declares that he has read the foregoing and knows the contents thereof and that the facts stated herein are true and correct.

McMILLAN FAMILY ENTERPRISES, INC., General Partner

By:

  
John N. McMillan, President