

103 N. MERIDIAN STREET, LOWER LEVEL
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FC-14

A00000001240

8 PM 3:42
REGISTRATION

CONTACT: CINDY HICKS
DATE: 8-8-00
REF. #: 0174.12675
CORP. NAME: THE HUGHES FAMILY LIMITED
PARTNERSHIP

- | | | |
|--|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input checked="" type="checkbox"/> LIMITED PARTNERSHIP | <input type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | <input type="checkbox"/> UCC-1 | <input type="checkbox"/> UCC-3 |
| <input type="checkbox"/> OTHER: <u>(S)</u> | | |

STATE FEES PREPAID WITH CHECK# 2187 FOR \$ 1837.50

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

COST LIMIT: \$ _____

800003348858-8
-08/08/00-01030-018
***1837.50 ***1837.50

PLEASE RETURN:

My 28/8

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

00 AUG 8 AM 10:08

Examiner's Initials _____

RECEIVED

CERTIFICATE OF LIMITED PARTNERSHIP OF
THE HUGHES FAMILY LIMITED PARTNERSHIP,
a Florida limited partnership

The undersigned general partners desiring to form a limited partnership pursuant to the Florida Revised Uniform Limited Partnership Law as set forth in Chapter 620 of the Florida Statutes, do hereby state the following:

STATE OF FLORIDA
DIVISION OF CORPORATIONS
00 AUG -8 PM 3:42

1. The name of the Partnership is:

THE HUGHES FAMILY LIMITED PARTNERSHIP

2. The address of the office of the Partnership is:

8112 Collingwood Court
University Park, FL 34201

3. The name and address of the agent for service of process on the Partnership is as follows:

JOHN HUGHES
8112 Collingwood Court
University Park, FL 34201

4. The name and business address of the general partners are as follows:

JOHN HUGHES and LINDA KAY HUGHES
8112 Collingwood Court
University Park, FL 34201

5. The mailing address of the Partnership is:

8112 Collingwood Court
University Park, FL 34201

6. The latest date upon which the Partnership shall dissolve is December 31, 2050 unless the term of the Partnership is further extended by a Majority in Interest of the Partners as defined in the Limited Partnership Agreement.
7. The effective date of this Certificate of Limited Partnership shall be the effective date of the filing of the certificate of limited partnership with the Department of State.

The execution of this certificate by the undersigned general partners 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 by JOHN HUGHES and LINDA KAY HUGHES, the general partners of THE HUGHES FAMILY LIMITED PARTNERSHIP, a Florida limited partnership, this 31st day of July, 2000.

WITNESSES:

Gailine Gusarek

John A. Hughes
JOHN HUGHES, as Tenant by the Entirety

1191 N. Mc Kenney, Buffalo
As to John Hughes Q.R., D. 60889

Matalia Larin

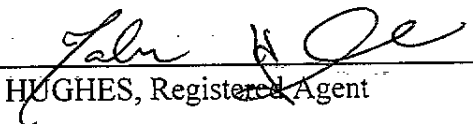
Linda K. Hughes
LINDA KAY HUGHES, as Tenant by the Entirety

1191 N. Mc Kenney, Buffalo Grove
As to Linda Kay Hughes

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been named to accept service of process for THE HUGHES FAMILY LIMITED PARTNERSHIP, at the place designated in the foregoing Certificate of Limited Partnership, 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, and I accept the duties and obligations of Section 620.192 of the Florida Statutes.

Date: July 31, 2000


JOHN HUGHES, Registered Agent

FILED
DIVISION OF CORPORATIONS
00 AUG -8 PM 3:42

STATE OF FLORIDA)
COUNTY OF SARASOTA)

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned Notary Public, personally appeared JOHN HUGHES and LINDA KAY HUGHES, tenants by the entireties, the general partners of THE HUGHES FAMILY LIMITED PARTNERSHIP, a Florida limited partnership, hereinafter referred to as "Partnership", who, upon being duly sworn, certifies as follows:

1. The amount of the capital contribution of the limited partners of the Partnership is \$ 250,000.00.
2. The amount of additional capital contributions of the limited partners of the Partnership anticipated is \$0.00.

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.

WITNESSES:

Andrea Vaughn
1191 W. McHenry Rd Buffalo Grove
As to General Partner

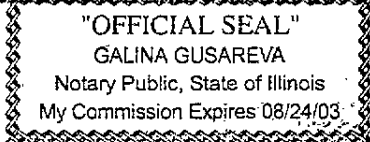
John Hughes
JOHN HUGHES

Matalia Carr
1191 W. McHenry Rd Buffalo Grove
As to General Partner

Linda K Hughes
LINDA KAY HUGHES

"GENERAL PARTNERS"

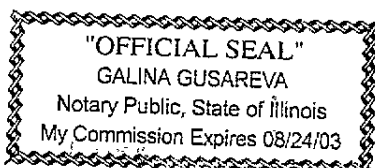
Subscribed and acknowledged before me this 05 day of July, 2000, by JOHN HUGHES, who is personally known to me or who has produced _____ as identification and who did not take an oath.



Galina Gusareva
Notary Public
Print Name: GALINA GUSAREVA

My Commission expires: 08/24/03

Subscribed and acknowledged before me this 05 day of July, 2000, by LINDA KAY HUGHES, who is personally known to me or who has produced _____ as identification and who did not take an oath.



Galina Gusareva
Notary Public
Print Name: GALINA GUSAREVA

My Commission expires: 08/24/03