



THE UNITED STATES
CORPORATION
COMPANY

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SEP 26 PM 4:27
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

ACCOUNT NO. : 072100000032

REFERENCE : 842949 82866A

AUTHORIZATION :

Patricia Pignatelli

COST LIMIT : \$ 1793.75

ORDER DATE : September 26, 2000

ORDER TIME : 10:15 AM

ORDER NO. : 842949-010

CUSTOMER NO: 82866A

CUSTOMER: Ms. Nikole Garcia
Clark & Campbell, P.a.

100003404991--5

4740 Cleveland Heights Blvd

Lakeland, FL 33813

DOMESTIC FILING

NAME: DTS FAMILY PARTNERSHIP, LTD.

EFFECTIVE DATE: -

XX CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT. 1156

EXAMINER'S INITIALS: _____

4

7/9/24

RECEIVED
00 SEP 26 AM 10:54
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**CERTIFICATE OF LIMITED PARTNERSHIP
OF
DTS FAMILY PARTNERSHIP, LTD.
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: **DTS FAMILY PARTNERSHIP, LTD.**
2. The address of the office of the Partnership is: 6819 Broken Arrow Trail, Lakeland, Florida 33813.
3. The name and address of the agent for service of process on the Partnership is Debbie Jo Strickland, 6819 Broken Arrow Trail, Lakeland, Florida 33813.

I accept the designation as Registration Agent for Service of Process:

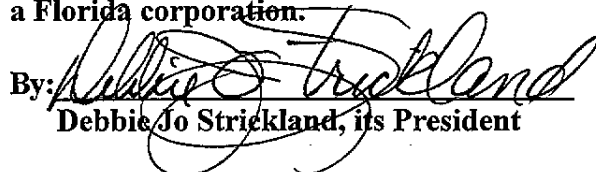

Debbie Jo Strickland

4. The name and business address of the general partner is: STRICKLAND MANAGEMENT, INC., a Florida corporation, 6819 Broken Arrow Trail, Lakeland, Florida 33813.
P00000090776
5. The mailing address for the Partnership is: 6819 Broken Arrow Trail, Lakeland, Florida 33813.
6. The latest date upon which the Partnership shall dissolve is September 25, 2030.

Under penalties of perjury, I declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

IN WITNESS WHEREOF, this Certificate of Limited Partnership has been executed on behalf of the General Partner of DTS Family Partnership, Ltd., this 25th day of September, 2000.

**Signature of General Partner:
Strickland Management, Inc.,
a Florida corporation.**

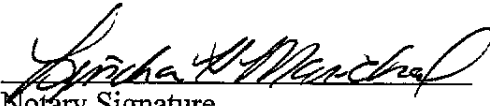
By: 
Debbie Jo Strickland, its President

00 SEP 26 PM 4:28
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF FLORIDA
COUNTY OF POLK

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The foregoing instrument was acknowledge before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, personally appeared DEBBIE JO STRICKLAND, president of Strickland Management, Inc., a Florida corporation, to me personally known or known to me by evidence of identification of Fla DL# 5362162576040 to be the person(s) described in and who executed the foregoing instrument and who did not take an oath, on this 25th day of September, 2000.


Notary Signature

Notary Public
State of Florida
My commission expires:

 Linda H Manchal
My Commission **CC761543**
Expires July 22, 2002

**AFFIDAVIT OF CAPITAL CONTRIBUTIONS
OF
DTS FAMILY PARTNERSHIP, LTD.**

State of Florida
County of Polk

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BEFORE ME, the undersigned authority, personally appeared, Debbie Jo Strickland, President of STRICKLAND MANAGEMENT, INC., a Florida corporation, the general partner of DTS FAMILY PARTNERSHIP, LTD. (the "Partnership"), who, upon being sworn, certified as follows:

1. The amount of capital contributions to the Partnership made by the limited partners is, in the aggregate, an amount exceeding \$250,000.
2. At this time, it is not anticipated that additional capital contributions will be made by the limited partners.

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:
STRICKLAND MANAGEMENT, INC., a Florida corporation

By: Debbie Jo Strickland
Debbie Jo Strickland, its President

SWORN TO before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, personally appeared, DEBBIE JO STRICKLAND, President of STRICKLAND MANAGEMENT, INC., a Florida corporation, to me personally known or known to me by evidence of Florida DL#S362162576040 to be the person described in and who executed the foregoing instrument and who did take an oath.

Linda H Manchal
Notary Public

My Commission Expires: _____

My Commission Number: _____

Linda H Manchal
My Commission CC781543
Expires July 22, 2002