



THE UNITED STATES  
CORPORATION  
COMPANY

# A00000001625

ACCOUNT NO. : 072100000032

REFERENCE : 878930 4326591

AUTHORIZATION : *Patricia Pigute*

COST LIMIT : \$ 1837.50

ORDER DATE : October 27, 2000

ORDER TIME : 12:14 PM

ORDER NO. : 878930-005

CUSTOMER NO: 4326591

CUSTOMER: Kevin D. Nelson, Esq  
Fowler White Gillen Boggs  
Villareal & Banker, P.a.  
Suite 1700  
501 East Kennedy Boulevard  
Tampa, FL 33602

100003442401--9

DOMESTIC FILING

NAME: PAUL & SHERRI STANLEY, LTD.

EFFECTIVE DATE:

ARTICLES OF INCORPORATION  
XX CERTIFICATE OF LIMITED PARTNERSHIP  
ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY  
PLAIN STAMPED COPY  
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds - EXT. 1133

EXAMINER'S INITIALS:

FILED  
00 OCT 27 PM 3:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
00 OCT 27 PM 12:55  
NOTED  
TO ACHIEVE  
SUFFICIENCY OF FILING

*hpc 10/27*

**CERTIFICATE OF LIMITED PARTNERSHIP**  
**PAUL & SHERRI STANLEY, LTD.**

In accordance with Florida Statute Section 620.108, this Certificate of Limited Partnership shall be filed with the Department of State of Florida, setting forth the following:

1. **Name.** The name of this limited Partnership shall be "Paul & Sherri Stanley, Ltd."
2. **Registered Agent and Address.** The office and the name of the agent for service of process required to be maintained is as follows:

Paul M. Stanley  
16407 Avila Boulevard  
Tampa, Florida 33613

3. **General Partner.** The name and business address of each general partner is:

Paul M. Stanley  
16407 Avila Boulevard  
Tampa, Florida 33613

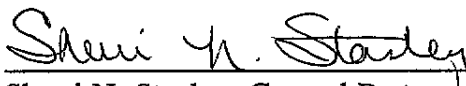
Sherri N. Stanley  
16407 Avila Boulevard  
Tampa, Florida 33613

4. **Mailing Address.** The principal office and mailing address of the limited partnership is:

16407 Avila Boulevard  
Tampa, Florida 33613

5. **Termination Date.** The latest date upon which the limited partnership is to dissolve is December 31, 2050.

  
\_\_\_\_\_  
Paul M. Stanley, General Partner  
and Registered Agent

  
\_\_\_\_\_  
Sherri N. Stanley, General Partner

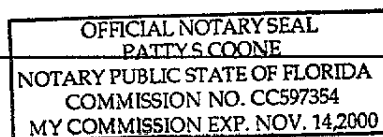
STATE OF FLORIDA  
COUNTY OF HILLSBOROUGH

The foregoing instrument was acknowledged before me this 18 day of Oct., 2000,  
by PAUL M. STANLEY, who is personally known to me or who has produced  
FL Dr. License as identification.

Patty S Coone  
Print Name

"NOTARY PUBLIC"

My Commission Expires:



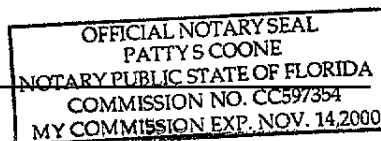
STATE OF FLORIDA  
COUNTY OF HILLSBOROUGH

The foregoing instrument was acknowledged before me this 18 day of Oct., 2000, by  
SHERRI N. STANLEY, who is personally known to me or who has produced  
FL Dr. License as identification.

Patty S Coone  
Print Name

"NOTARY PUBLIC"

My Commission Expires:



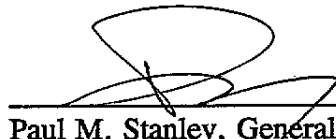
STATE OF FLORIDA

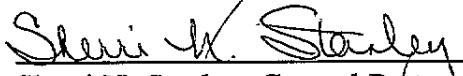
COUNTY OF HILLSBOROUGH

**AFFIDAVIT OF CAPITAL CONTRIBUTIONS**

BEFORE ME, THE UNDERSIGNED AUTHORITY, personally appeared PAUL M. STANLEY and SHERRI N. STANLEY, known to me to be the general partners of PAUL & SHERRI STANLEY, LTD., a Florida limited partnership, who, before me first duly sworn, declare as follows:

1. The amount of capital initially contributed to the Partnership by the limited partners is \$1,960.00.
2. The limited partners presently anticipate contributing additional funds to the Partnership; and the total amount contributed and anticipated to be contributed is \$5,000,000.00.

  
Paul M. Stanley, General Partner

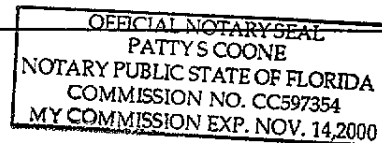
  
Sherri N. Stanley, General Partner

FILED  
00 OCT 27 PM 3:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

STATE OF FLORIDA  
COUNTY OF HILLSBOROUGH

The foregoing instrument was acknowledged before me this 18 of Oct, 2000, by  
PAUL M. STANLEY, who is personally known to me or who has produced  
FL Dr. License as identification.

Patty S Coone  
Print Name  
"NOTARY PUBLIC"  
My Commission Expires:  
00 OCT 27 PM 3:01  
TALLAHASSEE, FLORIDA



STATE OF FLORIDA  
COUNTY OF HILLSBOROUGH

The foregoing instrument was acknowledged before me this 18 of Oct, 2000, by  
SHERRI N. STANLEY, who is personally known to me or who has produced  
FL Dr. License as identification.

Patty S Coone  
Print Name  
"NOTARY PUBLIC"  
My Commission Expires:  
00 OCT 27 PM 3:02  
TALLAHASSEE, FLORIDA  
FILED

