

A01000000291

Patrick J. Deese, P.A.

ATTORNEY AT LAW

PRACTICE LIMITED TO  
TRIAL PRACTICE-PERSONAL INJURY AND WRONGFUL DEATH  
WORKMEN'S COMPENSATION  
SUSAN RATHOFF - PARALEGAL

P.O. DRAWER 361937  
MELBOURNE, FLORIDA 32936-1937  
AREA CODE 321  
TELEPHONE 242-3333

February 23, 2001

MJH

2/26

State of Florida  
Department of State  
Limited Partnership Division  
409 E. Gaines St.  
Tallahassee, FL 32399

VIA FEDERAL EXPRESS

RE: Certificates of Limited Partnership

500003767605--8  
-02/26/01--01088--017  
\*\*\*280.00 \*\*\*280.00  
\$140.00

Gentlemen:

Enclosed are the original and one copy of Certificates of Limited Partnership And Affidavits signed by all General Partners for James H. Deese, Family Limited Partnership A, and James H. Deese, Family Limited Partnership B together with our firms check in the amount as follows:

\$52.50 x 2 = \$105 filing fees  
\$35.00 X 2 = \$ 70 designation of Regis. Agent.  
\$52.50 x 2 = \$105 certified copies

TOTAL DUE:\$280

If same meets with your approval, please file the first original and return the certificate of authority and one certified copies to our street address: 1516 N. Harbor City Blvd., Melbourne, FL 32935 using our FEDEX No: 211953829 to expedite this matter. A return FEDEX airbill and envelope is enclosed for your convenience.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
01 FEB 26 PM 1:44

With kind regards, I am

Very truly yours,

*Patrick J. Deese*

Patrick J. Deese, Esq.

PJD/scr

Encl:

500003767605--8  
-02/26/01--01088--017  
\*\*\*280.00 \*\*\*140.00

FF \$140.00

# CERTIFICATE OF LIMITED PARTNERSHIP

01 FEB 26 PM 1:14

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

1. JAMES H. DEESE FAMILY LIMITED PARTNERSHIP A  
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")
2. 1800 S. Oak Street, Melbourne, FL 32901  
(Business address of Limited Partnership)
3. PATRICK J. DEESE, P.A.  
(Name of Registered Agent for Service of Process)
4. 1516 N. Harbor city Blvd., P. O. Drawer 361937, Melbourne, FL 32936-1937  
(Florida street address for Registered Agent)
5. *Patrick J. Deese P.A.*  
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)
6. P. O. Drawer 361937, Melbourne, FL 32936-1937  
(Mailing Address of the Limited Partnership)
7. The latest date upon which the Limited Partnership is to be dissolved is: 25 years
8. Name(s) of general partner(s):  

	Street address:
<u>JAMES H. DEESE</u>	<u>1800 S. Oak Street, Melbourne, FL 32901</u>
<u>MARY C. DEESE</u>	<u>1800 S. Oak Street, Melbourne, FL 32901</u>
<u>JAMES H. DEESE, II</u>	<u>4010 Foothills Drive, Orlando, FL</u>

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

Signed this 16 day of February, 192001

Signature of all general partners:

*James H. Deese*  
General Partner

General Partner

General Partner

*James H. Deese*  
General Partner

*Mary C. Deese*  
General Partner

General Partner

SWORN TO AND SUBSCRIBED before me this 16 day of February, 2001

*Rebecca S. West*  
NOTARY PUBLIC

My Commission Expires: 3/30/02



Rebecca S. West  
MY COMMISSION # CC729598 EXPIRES  
March 30, 2002  
BONDED THRU TROY FAIN INSURANCE INC.

**AFFIDAVIT OF CAPITAL CONTRIBUTIONS  
FOR FLORIDA LIMITED PARTNERSHIP**

The undersigned constituting all of the general partners of JAMES H. DEESE FAMILY  
LIMITED PARTNERSHIP A  
a Florida Limited Partnership, certify:

The amount of capital contributions to date of the limited partners is \$ 50.00.

The total amount contributed and anticipated to be contributed by the limited partners at this time  
totals \$ 50.00.

Signed this 16 day of February, 192001

FURTHER AFFIANT SAYETH NOT.

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

[Signature]  
General Partner

General Partner

General Partner

[Signature]  
General Partner

[Signature]  
General Partner

General Partner

SWORN TO AND SUBSCRIBED before me this 16 day of February, 2001

[Signature]  
NOTARY PUBLIC

My Commission Expires: 3/30/02



Rebecca S. West  
MY COMMISSION # CC729598 EXPIRES  
March 30, 2002  
BONDED THRU TROY FAIN INSURANCE, INC.

(Rev. 17, 10/97)