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APR - 4 PM 1:16
SECRETARY OF STATE
TALLAHASSEE FLORIDA

CORPORATION(S) NAME

LINSCH Limited Partnership

300003959133--1

-04704701--01065--020

*****87.50 *****8.75

300003959133--1

-04704701--01065--021

****350.00 ****133.75

- | | | |
|---|---|---|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Nonprofit | | |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| | <input type="checkbox"/> Reinstatement | |
| <input checked="" type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> LLC | <input type="checkbox"/> Name Registration | <input type="checkbox"/> Change of RA |
| | <input type="checkbox"/> Fictitious Name | <input type="checkbox"/> UCC |
| <input checked="" type="checkbox"/> Certified Copy | <input type="checkbox"/> Photocopies | <input type="checkbox"/> CUS |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

Name _____ 4/4/01 Order#: 0
 Availability _____
 Document _____
 Examiner _____ Ref#: _____
 Updater _____
 Verifier _____
 W.P. Verifier _____ Amount: \$ _____

File Served

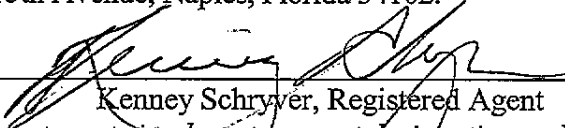
4/4/01

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

**CERTIFICATE OF LIMITED PARTNERSHIP
OF
LINSCH LIMITED PARTNERSHIP**

01 APR -4 PM 4: 16
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TALLAHASSEE, FLORIDA

1. The name of this partnership shall be: **LINSCH LIMITED PARTNERSHIP**
2. The name of this Partnership's initial registered agent in the State of Florida is: Kenney Schryver, 686 15th Avenue, Naples, Florida 34102.



Kenney Schryver, Registered Agent
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)

3. The name and mailing address of the general partner is: LINSCH MANAGEMENT, INC., 686 15th Avenue, Naples, Florida 34102.

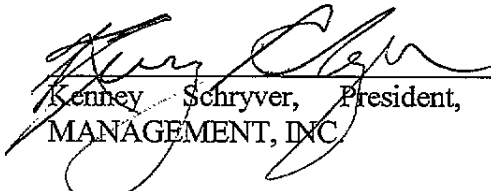
4. The business and mailing address of the limited partnership is: 686 15th Avenue, Naples, Florida 34102.

5. The latest date for Partnership dissolution is: December 31, 2099.
6. The effective date of this Certificate of Limited Partnership is the date it is filed with the Secretary of State of the State of Florida.

In affirmation thereof, the facts stated above are true.

This 29th day of March, 2001.

GENERAL PARTNER:

By: 

Kenney Schryver, President, LINSCH
MANAGEMENT, INC.

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

01 APR 2001 PM 4:16
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TALLAHASSEE, FLORIDA

Before me, the undersigned constituting all of the general partners of LINSCH LIMITED PARTNERSHIP, a Florida Limited Partnership, certify as follows:

The amount of capital contributions to date of the limited partners is \$495.

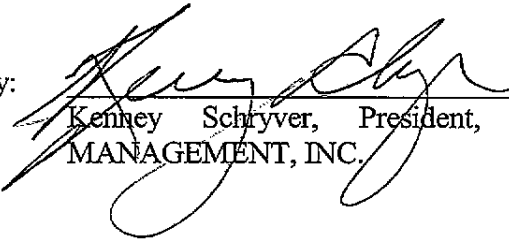
The total amount contributed and anticipated to be contributed by the limited partners as this time totals \$495.

This 29th day of March, 2001.

Further affiant sayeth not.

Under the 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:

By: 
Kenney Schryver, President, LINSCH
MANAGEMENT, INC.