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ACCOUNT NO. : 072100000032

REFERENCE : 228173 9955A

AUTHORIZATION :

COST LIMIT : \$ PPD

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : November 27, 2001

ORDER TIME : 11:34 AM

ORDER NO. : 228173-010

CUSTOMER NO: 9955A

CUSTOMER: Ms. Karolyn Sheekey
Chiumento & Associates, P.a.

Suite B
4 Old Kings Road North
Palm Coast, FL 32137

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOMESTIC FILING

NAME: THE ALSON FAMILY LIMITED
PARTNERSHIP

BK

EFFECTIVE DATE: *EJ*

800004695448-5
-11/27/01-01062-016
***1916.25 ***1837.50

- ARTICLES OF INCORPORATION
- CERTIFICATE OF LIMITED PARTNERSHIP
- ARTICLES OF ORGANIZATION.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea - EXT. 1114

EXAMINER'S INITIALS: _____

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TALLAHASSEE, FLORIDA

CERTIFICATE OF LIMITED PARTNERSHIP
OF
THE ALSON FAMILY LIMITED PARTNERSHIP

The undersigned, desiring to form a limited partnership, pursuant to the Florida Uniform Limited Partnership Act as set forth in Section 620.101, et. Seq., of the Florida Statutes, do hereby certify:

1. The name under which such partnership is to be conducted is The Alson Family Limited Partnership.
2. The business of the Partnership shall be to take title to the Partnership Assets and to promote the efficient and economical management of the assets by holding them in a single entity; to avoid the division of the properties of the family of Alfred L. Alson and Rosalia Dy Alson in order to promote the greater sale and investment potential of the properties; to avoid potential expensive litigation and disputes over certain properties of the family of Alfred L. Alson and Rosalia Dy Alson by providing mechanisms which will provide for the management and procedures to resolve disputes; to provide mechanisms which will eliminate the potential in the future of any family member transferring his or her interest in the Partnership without first offering that interest to the other family members. The Partnership shall be allowed to engage in any lawful business or activity in which a partnership with or without limited partners can engage.
3. The location of the principal place of business and the mailing address of the partnership is 83 Cimmaron Drive, Palm Coast, FL 32137.
4. The street address of the initial registered office of this partnership in Florida shall be 4 Old Kings Road North, Suite B, Palm Coast, FL 32137 and its initial registered agent at that address shall be Michael D. Chimento.
5. The name and business address of each general partner interested in the partnership is as follows:

Name	Business Address
Alson Enterprises, Inc., a Florida corporation	83 Cimmaron Drive Palm Coast, FL 32137

PO100012469

6. The partnership shall begin business on the date of filing of this Certificate with the Secretary of State of Florida and the latest date upon which the partnership is to be dissolved is December 31, 2030.

IN WITNESS WHEREOF, the undersigned general partner has executed this certificate this 21
day of November, 2001.

General Partner
ALSON ENTERPRISES, INC., a Florida
corporation

By: Alfred L. Alson
Alfred L. Alson, President

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TALLAHASSEE, FLORIDA

STATE OF FLORIDA
COUNTY OF FLAGLER

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

The undersigned, constituting all of the general partners of The Alson Family Limited Partnership, a Florida limited partnership, does hereby certify as follows:

The amount of capital contributions to date of the limited partnership is \$600,000.00.

The total amount contributed and anticipated to be contributed to the limited partnership by the limited partners at this time totals \$1,200,000.00.

FURTHER AFFIANTS SAYETH NOT.

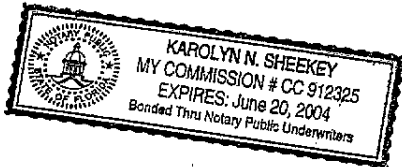
Under the penalties of perjury, we declare that we have read the foregoing and that the facts alleged are true, to the best of our knowledge and belief, this 21 day of November, 2001.

General Partner
Alson Enterprises, Inc., a Florida corporation

By: Alfred L. Alson, Inc
Alfred L. Alson, President

Sworn to and subscribed before me
this 21 day of November, 2001.

Karolyn N. Sheekey
Notary Public, State and County aforesaid




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ACCEPTANCE BY REGISTERED AGENT

Having been named to accept service of process for Alson Enterprises, Inc., a Florida limited partnership, at the place designated in the foregoing Certificate of Limited Partnership of said partnership, I hereby accept such appointment and agree to act in this capacity, and agree to comply with the provisions of law relating to keeping said office open. I further acknowledge acceptance of the obligations imposed upon registered agents by §620.192, Florida Statutes.



Michael D. Chiumento
Registered Agent

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