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GUILLERMO A. RUIZ, P.A.

2901 FIFTH AVENUE NORTH
ST. PETERSBURG, FLORIDA 33713

TELEPHONE (727) 321-2728
FACSIMILE (727) 321-9104

P. O. BOX 12787
ST. PETERSBURG, FL 33733

February 28, 2001

Secretary of State
State of Florida
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32301

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RE: D.M.S.L., Limited

Gentlemen:

Enclosed herein for filing in reference to the captioned matter please find:

1. Original and one copy of the Certificate of Partnership;
2. Original and one copy of the Affidavit of Contributions for Florida Limited Partnership; and

3. My check made payable to your office in the sum of \$87.50 representing: \$52.50 filing fee for Certificate/Affidavit and \$35.00 Registered Agent Designation Fee.

Please file the originals of these documents and return to my office a copy of each with your "date filed" stamp together with your receipt for the monies enclosed herewith.

Thank you for your attention to this matter.

Very truly yours,

GUILLERMO A. RUIZ, P.A.

Guillermo A. Ruiz

GAR/ms

Enclosures

02 MAR 14 PM 9:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

March 7, 2002

GUILLERMO A. RUIZ
2901 FIFTH AVENUE NORTH
ST. PETERSBURG, FL 33713

SUBJECT: D.M.S.L., LIMITED
Ref. Number: W02000006443

We have received your document for D.M.S.L., LIMITED and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 802A00013810

02 MAR 14 PM 9:40

FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LAW OFFICES
GUILLERMO A. RUIZ, P.A.

2901 FIFTH AVENUE NORTH
ST. PETERSBURG, FLORIDA 33713

TELEPHONE (727) 321-2728
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P. O. BOX 12787
ST. PETERSBURG, FL 33733

March 12, 2002

Florida Department of State
Division of Corporations
P.O.Box 6327
Tallahassee, FL 32314

Attention: Tammi Cline, Document Specialist

RE: D.M.S.L., LIMITED
REF. NUMBER W02000006443
LETTER NUMBER 802a00013810

Gentlemen:

This will acknowledge receipt of your letter dated March 7, 2002 returning the paperwork submitted on D.M.S.L., Limited because the name selected is unavailable.

Accordingly, enclosed please find original and copies of the new Certificate of Limited Partnership and Affidavit of Capital Contributions for Florida Limited Partnership for **D.M.S.L. MANAGEMENT, LIMITED**. I understand this name will be acceptable because the parties involved in this limited partnership are basically the same as those involved in the corporation, D.M.S.L. Management, Inc.

Kindly file the document and provide my office with duplicate copies of the filed papers and your receipt for the monies previously forwarded to you.

Very truly yours,

GUILLERMO A. RUIZ, P.A.

Guillermo A. Ruiz

GAR/ms

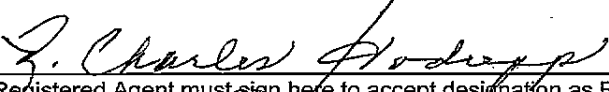
Enclosures

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CERTIFICATE OF LIMITED PARTNERSHIP

1. D.M.S.L. MANAGEMENT, LIMITED
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd., or "Limited Partnership")
2. 6000 Long Bayou Way North, St. Petersburg, FL 33708
(Business address of Limited Partnership)
3. R. CHARLES HODUPP
(Name of Registered Agent)
4. 6000 Long Bayou Way North, St. Petersburg, FL 33708
(Florida street address for Registered Agent)
5. 
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)
6. 6000 Long Bayou Way North, St. Petersburg, FL 33708
(Mailing Address of the Limited Partnership)
7. The latest date upon which the Limited Partnership is to be dissolved is: 01/01/20
8. Name(s) of General Partner(s): _____ Street Address: _____

D.M.S.L. MANAGEMENT, INC. 6000 Long Bayou Way North
St. Petersburg, FL 33708

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

Signed this 12TH day of March, 2002.

Signature of all General Partners:

D.M.S.L. MANAGEMENT, INC.

Bv:

R. Charles Hodupp, Pres.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

STATE OF FLORIDA :
 :
COUNTY OF PINELLAS :

The undersigned constituting all of the general partners of **D.M.S.L. MANAGEMENT, LIMITED**, a Florida Limited Partnership, certify:

1. D.M.S.L. MANAGEMENT, INC. is the sole General Partner of D.M.S.L. Management, Limited.
2. The total amount contributed and anticipated to be contributed by the General Partner is \$50.00.
3. The amount of capital contributions to date of the Limited Partners is \$950.00.
4. The total amount contributed and anticipated to be contributed by the Limited Partners at this time totals \$950.00.
5. The total amount contributed and anticipated to be contributed by the General Partner(s) and the Limited Partners is \$1,000.00.

SIGNED on this 12TH day of March, 2002.

FURTHER AFFIANT SAYETH NOT.

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

D.M.S.L. MANAGEMENT, INC.
General Partner

By: R. Charles Hodupp
R. CHARLES HODUPP, Pres.

FILED
02 MAR 14 PM 9:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA