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ACCOUNT NO. : 072100000032

REFERENCE : 556165 7145323

AUTHORIZATION :

COST LIMIT : \$ PPD

FILED
02 APR 30 PM 2:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : April 30, 2002

ORDER TIME : 12:34 PM

ORDER NO. : 556165-005

CUSTOMER NO: 7145323

CUSTOMER: Ms. Anita Geraci
Gray, Harris, Robinson,
Hovis, Boyette & Crawford
Bankfirst Building, 2nd Floor
1380 Grand Highway
Clermont, FL 34711

800005393098--0

-04/30/02--01014--027

***1785.00 ***1785.00

DOMESTIC FILING

NAME: R & M HAMILTON FAMILY
PARTNERSHIP, LTD.

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
XX CERTIFICATE OF LIMITED PARTNERSHIP
ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
00 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder - EXT. 1155

EXAMINER'S INITIALS: _____

BK

**CERTIFICATE OF
LIMITED PARTNERSHIP OF**

R & M HAMILTON FAMILY PARTNERSHIP, LTD.

FILED
APR 30 PM 2:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned, constituting all of the general partners, hereby execute this Certificate of Limited Partnership for the purpose of forming a limited partnership under the laws of the State of Florida.

1. **Name of Partnership.** The name of the Partnership shall be R & M HAMILTON FAMILY PARTNERSHIP, LTD.

2. **Address of Recordkeeping Office; Agent for Service of Process.** The records to be kept pursuant to Florida Statute Section 620.106, shall be located at 11433 Harder Road, Clermont, FL 34711, and the name of the Partnership's agent for service of process is Robert J. Hamilton, and the address of the registered agent is 11433 Harder Road, Clermont, FL 34711.

3. **Name and Business Address of the General Partners.**

(a) The name and address of the General Partners are:

<u>Name</u>	<u>Address</u>
ROBERT J. HAMILTON, TRUSTEE OF THE ROBERT J. HAMILTON FAMILY TRUST	11433 HARDER ROAD CLERMONT, FL 34711
MARCIA R. HAMILTON, TRUSTEE OF THE MARCIA R. HAMILTON FAMILY TRUST	11433 HARDER ROAD CLERMONT, FL 34711

4. **Mailing Address for the Limited Partnership.** The mailing address for the Limited Partnership shall be 11433 Harder Road, Clermont, FL 34711.

5. **Term.** The term for which the Partnership is to exist shall be from the filing of this Certificate in the Office of the Secretary of State of the State of Florida until the 31st day of December, 2052, unless sooner terminated in accordance with the Limited Partnership for R & M HAMILTON FAMILY PARTNERSHIP, LTD.

DATED this 26th day of April, 2002.

FILED
02 APR 30 PM 2:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

THE ROBERT J. HAMILTON FAMILY TRUST

Robert J. Hamilton
by Trustee

THE MARCIA R. HAMILTON FAMILY TRUST

Marcia R. Hamilton
by Trustee

ACCEPTANCE BY REGISTERED AGENT

Having been named Registered Agent and designated to accept service of process for the within Limited Partnership, at the place designated herein, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.

Robert J. Hamilton
Robert J. Hamilton, Limited Partner.

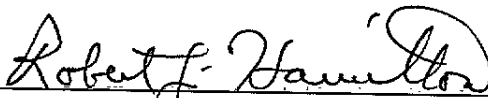
AFFIDAVIT OF CAPITAL CONTRIBUTIONS

The undersigned, constituting all of the general partners of R & M Hamilton Family Partnership, Ltd., a Florida Limited Partnership, certifies as follows:

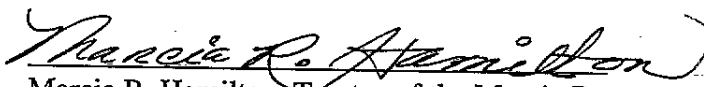
1. To date, the amount of capital contribution of the limited partner is \$0.
2. The total amount contributed and anticipated to be contributed by the limited partner at this time totals \$350,000.00.

DATED this 29th day of April, 2002.

Under 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.



Robert J. Hamilton, Trustee of the Robert J.
Hamilton Family Trust
General Partner



Marcia R. Hamilton, Trustee of the Marcia R.
Hamilton Family Trust
General Partner

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TALLAHASSEE, FLORIDA