

CONFIDENTIAL AGENTS, INC. (formerly CORSA)
101 W. MERIDIAN STREET, LOWER LEVEL
TALLAHASSEE, FL 32301
27-1173

A02000001222

FILING COVER SHEET
ACCT. #FCA-14

CONTACT:

DATE:

REF. #:

CORP. NAME:

Pam

9-11-02

0399,9190

JLMJ Family Partnership Ltd.

900007664789--1
-09/11/02--01051--002
***1785.80 ***1785.00

- | | | |
|--|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input checked="" type="checkbox"/> LIMITED PARTNERSHIP | <input type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | <input type="checkbox"/> UCC-1 | <input type="checkbox"/> UCC-3 |
| <input type="checkbox"/> OTHER: _____ | | |

STATE FEES PREPAID WITH CHECK# 13281 FOR \$ 1785.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|--|---|--|
| <input type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

02 SEP 11 PM 2:43
DIVISION OF CORPORATIONS
SECRETARY OF STATE
FILED

RECEIVED
02 SEP 11 AM 11:30
W9/11

CERTIFICATE OF LIMITED PARTNERSHIP

OF

**JLMJ FAMILY PARTNERSHIP, LTD.
a Florida Limited Partnership**

The undersigned General Partner, desiring to form a Limited Partnership pursuant to the Florida Revised Uniform Limited Partnership Act, as set forth in Chapter 620 of the Florida Statutes, does hereby state the following:

1. The Partnership's name is **JLMJ FAMILY PARTNERSHIP, LTD.**, a Florida Limited Partnership.

2. The address of the office of the Partnership is:

1416 Cedar Bay Lane
Sarasota, FL 34231

3. The name and street address of the Agent for service of process on the Partnership are as follows:

John D. Macaskill
1416 Cedar Bay Lane
Sarasota, FL 34231

4. The name and business address of the General Partner are as follows:

JLMJ OF SRQ, INC.
1416 Cedar Bay Lane
Sarasota, FL 34231

5. The mailing address of the Partnership is:

1416 Cedar Bay Lane
Sarasota, FL 34231

6. The latest date on which the Limited Partnership is to be dissolved and its affairs wound up is December 31, 2052, unless the term of the Partnership is further extended by a Majority in Interest of the Partners, as defined in the Partnership Agreement.

7. The effective date of this Certificate of Limited Partnership shall be the effective date of the filing of the Certificate of Limited Partnership with the Florida Department of State.

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DIVISION OF CORPORATIONS
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The execution of this Certificate and Affidavit by the undersigned General Partner constitutes an affirmation, under the penalties of perjury, that the facts stated herein are true.

IN WITNESS WHEREOF, this Certificate of Limited Partnership has been executed by John D. Macaskill, as President of JLMJ OF SRQ, INC., a Florida corporation, the General Partner of JLMJ FAMILY PARTNERSHIP, LTD, a Florida Limited Partnership, this 4th day of September, 2002.

WITNESSES:

John D. Macaskill
John D. Macaskill

JLMJ OF SRQ, INC.,
a Florida corporation

By: *John D. Macaskill*
John D. Macaskill, President

"GENERAL PARTNER"

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STATE OF FLORIDA
COUNTY OF SARASOTA

The foregoing instrument was acknowledged before me this 4th day of SEPT, 2002, by John D. Macaskill, who [X] is personally known to me or [] has produced _____ as identification, in his capacity as President of JLMJ of SRQ, Inc., a Florida corporation, the General Partner of JLMJ Family Partnership, Ltd., a Florida Limited Partnership.

John A. Moran
Notary Public
Printed Name/My Commission
Expires:

THIS INSTRUMENT PREPARED BY:
JOHN A. MORAN, ESQUIRE
Florida Bar No. 718335
DUNLAP & MORAN, P.A.
Post Office Box 3948
Sarasota, FL 34230-3948
Telephone: 941-366-0115
JAM/RJP/5752-2 Cert of Lim Part




John A. Moran
MY COMMISSION # DD000402 EXPIRES
March 23, 2005
BONDED THRU TROY FAIN INSURANCE, INC.

**ACCEPTANCE OF APPOINTMENT
AS REGISTERED AGENT**

Having been named as statutory Registered Agent for JLMJ FAMILY PARTNERSHIP, LTD., a Florida Limited Partnership (the "Partnership" in the foregoing Certificate of Limited Partnership), I hereby agree to act in that capacity, and, on behalf of the Partnership, to accept service of process for the Partnership and to comply with any and all statutes relative to the complete and proper performance of the duties of Registered Agent.

Dated: September 4th, 2002

Registered Agent:



JOHN D. MACASKILL
1416 Cedar Bay Lane
Sarasota, FL 34231

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AFFIDAVIT OF CAPITAL CONTRIBUTION

STATE OF FLORIDA
COUNTY OF SARASOTA

BEFORE ME, the undersigned authority personally appeared JOHN D. MACASKILL, President of JLMJ OF SRQ, INC., a Florida corporation, the General Partner of JLMJ FAMILY PARTNERSHIP, LTD., a Florida Limited Partnership (the "Partnership"), who, upon being duly sworn, certified as follows:

1. The amount of capital contribution to the Partnership made by the Limited Partners is in aggregate of Four Hundred Sixteen Thousand Five and No/100 (\$416,500),⁰⁰ Hundred Dollars.

2. At this time it is anticipated that the Limited Partners will make no additional capital contributions.

Under penalties of perjury, I declare that I have read the foregoing and that the facts are true, to the best of my knowledge and belief.

JLMJ OF SRQ, INC., a Florida
corporation

By: John D. Macaskill

JOHN D. MACASKILL,
President

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DIVISION OF CORPORATIONS
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4th Subscribed and sworn before me, the undersigned authority, this day of September, 2002, by JOHN D. MACASKILL, as President of JLMJ OF SRQ, INC., who is personally known to me or who has produced as identification.

John A. Moran
Notary Public

Printed Name/My Commission Expires:

JAM/RJP/5752-2\Affidavit of Capital Contribution



John A. Moran
MY COMMISSION # DD000402 EXPIRES
March 23, 2005
BONDED THRU TROY FAIN INSURANCE, INC.