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A02 000001390

October 16, 2002

CORPORATION NAME (S) AND DOCUMENT NUMBER (S):

The Haromy Family Limited Partnership

Filing Evidence

- Plain/Confirmation Copy
- Certified Copy

Retrieval Request

- Photocopy
- Certified Copy

Type of Document

- Certificate of Status
- Certificate of Good Standing
- Articles Only
- All Charter Documents to Include Articles & Amendments
- Fictitious Name Certificate

Other **300008414753--4**
 -10/17/02--01002--007
 ***1837.50 ***1837.50

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non Profit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of RA Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger Preclearance

OTHER FILINGS	
<input type="checkbox"/>	Annual Reports
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation
<input type="checkbox"/>	Reinstatement

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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 DIVISION OF CORPORATION

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JK

X Cert of LP

**CERTIFICATE OF LIMITED PARTNERSHIP
OF THE
HAROMY FAMILY LIMITED PARTNERSHIP**

The undersigned, for the purpose of forming a limited partnership under the provisions of the Florida Revised Uniform Limited Partnership Act (1986), as set forth in Section 620.101, et. seq. of the Florida Statutes, do hereby certify to the following:

1. The name of the limited partnership is "**HAROMY FAMILY LIMITED PARTNERSHIP**".

2. The address of the office of the limited partnership required to be maintained by Section 620.105(1), Florida Statutes, is as follows:

1576 Parks Lake Road
Lake Wales, FL 33853

3. The name and street address of the registered agent, for service of process on the limited partnership, required to be maintained by Section 620.105(2), Florida Statutes, is as follows:

John C. Haromy
1576 Parks Lake Road
Lake Wales, FL 33853

4. The names and business address of the general partners are:

John C. Haromy
1576 Parks Lake Road
Lake Wales, FL 33853

Barbara H. Haromy
1576 Parks Lake Road
Lake Wales, FL 33853

Katherine H. Woltmann
1576 Parks Lake Road
Lake Wales, FL 33853

5. The mailing address for the limited partnership is as follows:

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1576 Parks Lake Road
Lake Wales, FL 33853

6. The latest date upon which the limited partnership is to dissolve is December 31, 2075.

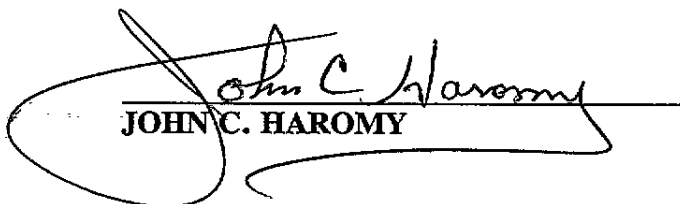
7. An affidavit declaring the amount of the capital contributions of the limited partners and the amount anticipated to be contributed by the limited partners, as required by Section 620.108, Florida Statutes, is attached to this certificate.

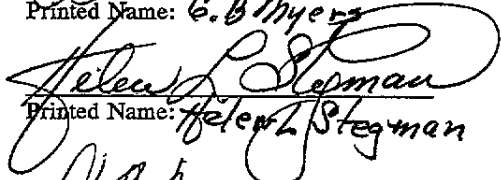
IN WITNESS WHEREOF, the undersigned has executed this certificate as of the first day of August, 2002.

Signed, sealed and delivered
in the presence of:

GENERAL PARTNERS:

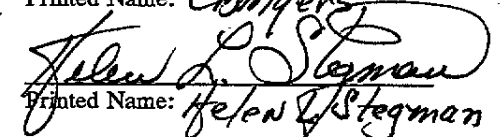

Printed Name: G. B. Myers


JOHN C. HAROMY


Printed Name: Helen L. Stegman


BARBARA H. HAROMY


Printed Name: G. B. Myers



Printed Name: Helen L. Stegman

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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MAURICE M. FELLER
Printed Name:

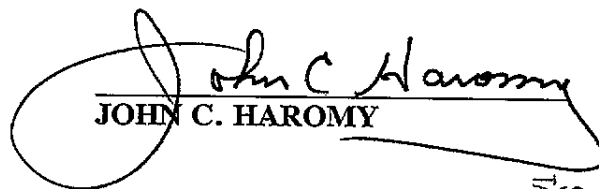

KATHERINE H. WOLTMANN


Printed Name: MARY E. HASELWAND

**ACCEPTANCE OF
REGISTERED AGENT FOR THE
HAROMY FAMILY LIMITED PARTNERSHIP**

Having been named as registered agent to accept service of process upon the above named partnership, at the address designated in the certificate of limited partnership, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I state that I am a resident of the State of Florida and I am familiar with, and accept, the obligations of my position as registered agent.

Dated: Aug 1, 2002


JOHN C. HAROMY

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**AFFIDAVIT OF CAPITAL CONTRIBUTIONS
TO THE HAROMY FAMILY LIMITED PARTNERSHIP**

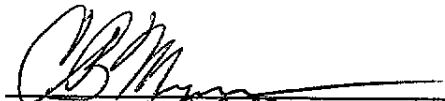
The undersigned affiants, **JOHN C. HAROMY, BARBARA H. HAROMY and KATHERINE H. WOLTMANN**, as general partners of the **HAROMY FAMILY LIMITED PARTNERSHIP**, whose address is: 1576 Parks Lake Road, Lake Wales, FL 33853 after each being first duly sworn, says upon oath:

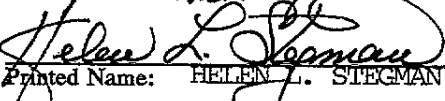
1. Affiants are the general partners of the **HAROMY FAMILY LIMITED PARTNERSHIP**, a Florida limited partnership.

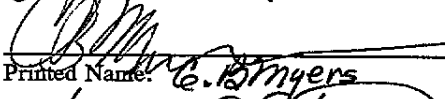
2. The total amount of the capital contributions of the limited partners and the amount of capital anticipated to be contributed by all of the limited partners of the partnership is \$ 1,971,986.00. The capital contributed to the partnership may be either cash or property, real or personal, tangible or intangible.

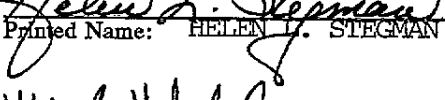
3. This affidavit is given for the purpose of complying with the provisions of Section 620.108 of the Florida Statutes.

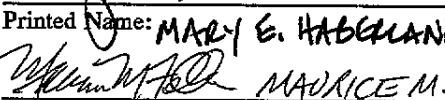
FURTHER, AFFIANTS DO NOT SAY.


Printed Name: E. B. MYERS

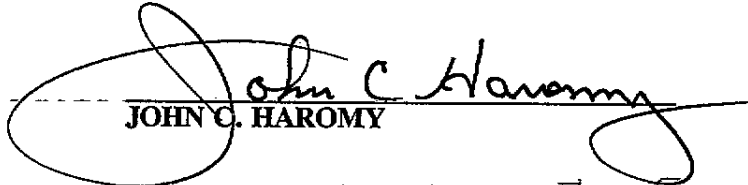

Printed Name: HELEN L. STEGMAN

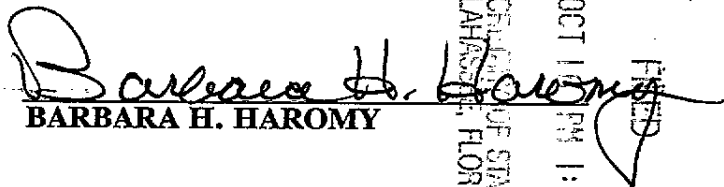

Printed Name: E. B. MYERS


Printed Name: HELEN L. STEGMAN


Printed Name: MARY E. HABERLAND


Printed Name: MAURICE M. FELLER


JOHN C. HAROMY


BARBARA H. HAROMY

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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KATHERINE H. WOLTMANN

STATE OF FLORIDA

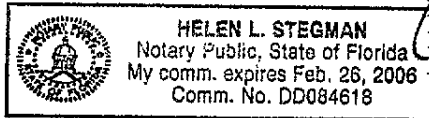
COUNTY OF POLK

I HEREBY CERTIFY that on the first day of August, 2002, before me, the undersigned Notary Public, authorized in the State and County named above to administer oaths, personally appeared **JOHN C. HAROMY AND BARBARA H. HAROMY**, as general partners of the **HAROMY FAMILY LIMITED PARTNERSHIP**, who, after being by me first duly sworn, say upon oath that the above statements are true and correct.

SWORN TO AND SUBSCRIBED before me on this day by **JOHN C. HAROMY AND BARBARA H. HAROMY**, as general partners of the **HAROMY FAMILY LIMITED PARTNERSHIP**, on behalf of the partnership. They are personally known to me.

Helen L. Stegman

(SEAL)



Printed Name: _____
Notary Public
My Commission Expires: 02/26/2006

STATE OF FLORIDA

COUNTY OF POLK

I HEREBY CERTIFY that on the 19 day of August, 2002, before me, the undersigned Notary Public, authorized in the State and County named above to administer oaths, personally appeared **KATHERINE H. WOLTMANN**, as general partner of the **HAROMY FAMILY LIMITED PARTNERSHIP**, who, after being by me first duly sworn, says upon oath that the above statements are true and correct.

SWORN TO AND SUBSCRIBED before me on this day by **KATHERINE H. WOLTMANN**, as general partner of the **HAROMY FAMILY LIMITED PARTNERSHIP**, on behalf of the partnership. She is personally known to me.

STATE OF FLORIDA
NOTARY PUBLIC
OCT 16 1:22

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(SEAL)



Jo Ann Littrell
MY COMMISSION # CC832038 EXPIRES
July 20, 2003
BONDED THRU TROY FAIN INSURANCE, INC.

Jo Ann Littrell
Printed Name: _____
Notary Public
My Commission Expires: 7/20/03