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ACCOUNT NO. : 072100000032

REFERENCE: 082605 6258A

AUTHORIZATION :

COST LIMIT : \$ PPD

ORDER DATE : May 6, 2003

ORDER TIME : 11:41 AM

ORDER NO. : 082605-005

CUSTOMER NO:

6258A

CUSTOMER: William L. Owens, Esq

Bond Schoeneck & King, P.a.

Suite 250

4001 Tamiami Trail North

Naples, FL 34103

DOMESTIC FILING

NAME:

THE TRACY FAMILY LIMITED

PARTNERSHIP

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

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT. 1156

EXAMINER'S INITIALS:

1 KILED SHE'S

CERTIFICATE OF LIMITED PARTNERSHIP;

OF

THE TRACY FAMILY LIMITED PARTNERSHIP

The undersigned General Partner, who desires to form a Limited Partnership pursuant to the Florida Revised Uniform Limited Partnership Act (1986) as set forth in Chapter 620, Florida Statutes, hereby states the following:

1. <u>NAME</u>. The name of the Limited Partnership is:

The Tracy Family Limited Partnership

2. <u>OFFICE ADDRESS</u>. The address of the office of the Limited Partnership required to be maintained by Section 620.105, Florida Statutes, is:

17000 Tidewater Lane SW Fort Myers, Florida 33908

3. <u>REGISTERED AGENT</u>. The name and address of the Limited Partnership's agent for service of process required to be maintained by Section 620.105, Florida Statutes, is:

Sidney W. Tracy 17000 Tidewater Lane SW Fort Myers, Florida 33908

4. <u>GENERAL PARTNER</u>. The name and business address of the General Partner of the Limited Partnership is:

Tracy Asset Management, Inc., a Florida corporation 17000 Tidewater Lane SW Fort Myers, Florida 33908 FOR OUT WY 26

5. MAILING ADDRESS. The mailing address of the Limited Partnership is:

17000 Tidewater Lane SW Fort Myers, Florida 33908

6. <u>LATEST DATE OF DISSOLUTION</u>. The latest date upon which the Limited Partnership is to dissolve is thirty (30) years from the commencement of the Limited Partnership.

7. <u>EFFECTIVE DATE</u>. This Certificate of Limited Partnership will become effective, and the Limited Partnership will commence its existence, on the date this Certificate of Limited Partnership is filed with the Florida Department of State.

IN WITNESS WHEREOF, this Certificate of Limited Partnership has been executed by the General Partner of the Limited Partnership this _/ day of May, 2003.

TRACY ASSET MANAGEMENT, INC., a Florida corporation, General Partner of The Tracy Family Limited Partnership

Sidney W. Tracy. Presiden

ACCEPTANCE BY REGISTERED AGENT

The undersigned hereby accepts the appointment as registered agent of The Tracy Family Limited Partnership, a Florida limited partnership, which is contained in the foregoing Certificate of Limited Partnership. I am familiar with, and accept, the obligations of such a position as provided for under Chapter 620, Florida Statutes.

Dated this _____ day of May, 2003.

Sidney W. Tracy, Registered Agent

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

The undersigned General Partner of The Tracy Family Limited Partnership, a Florida limited partnership, certifies:

- 1. The amount of capital contributions to date of the Limited Partners is \$50,000.00
- 2. The total amount contributed and anticipated to be contributed by the Limited Partners at this time totals \$5,000,000.00.

Dated this _ day of May, 2003.

FURTHER AFFIANT SAYETH NOT.

Under the penalties of perjury, the undersigned declares that it has read the foregoing and knows the contents hereof and that the facts stated herein are true and correct.

TRACY ASSET MANAGEMENT, INC., a Florida corporation, General Partner of The Tracy Family Limited Partnership

y: 21/11/20)

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COUNTY OF Cumpium) ss.:

The foregoing instrument was acknowledged before me this _____ day of May, 2003 by Sidney W. Tracy, as President of TRACY ASSET MANAGEMENT, INC., a Florida corporation, who is personally known to me (or _ who produced ______ as identification) and who acknowledged to and before me that he executed the instrument for the purposes therein expressed.

"OFFICIAL SEAL"

RAYMON BROWN

NOTARY PUBLIC, STATE OF ILLINOIS

MY COMMISSION EXPIRES 1/8/2006

Notary Public

My Commission Expires: