

A03000001611

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

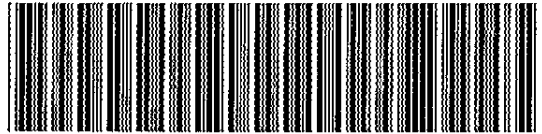
(Business Entity Name)

(Document Number)

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CORPORATIONS
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 320408 7295821

AUTHORIZATION :

COST LIMIT : \$ PPD

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TALLAHASSEE, FLORIDA

ORDER DATE : November 13, 2003

ORDER TIME : 10:12 AM

ORDER NO. : 320408-005

CUSTOMER NO: 7295821

CUSTOMER: Kramer Litvak
Litvak Beasley & Wilson, Llp

Suite 606, Suntrust Tower
220 West Garden Street
Pensacola, FL 32502

DOMESTIC FILING

NAME: MARTIN FAMILY INVESTMENTS, 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
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan - EXT. 1155

EXAMINER'S INITIALS: _____

**CERTIFICATE OF LIMITED PARTNERSHIP
OF THE
MARTIN FAMILY INVESTMENTS, LTD.
A Florida Limited Partnership**

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TALLAHASSEE, FLORIDA

The parties hereto do hereby certify that an Agreement was made effective the 10th day of May, 1999, at Pensacola, Florida, by Howell J. Martin, M.D., as the "General Partner," and by Howell J. Martin, M.D., and Wyman Bradley Martin, as Trustee of the Irrevocable Trust for the Benefit of Howell Vincent Martin, dated March 14, 1997, as the "Limited Partners."

WITNESSETH:

The parties hereto, on the date described above, formed a Limited Partnership pursuant to the provisions of Section 620.101 et. seq. of The Revised Uniform Limited Partnership Act (1986), as amended, and execute and cause to be filed this certificate as required by Sections 620.108, 620.114, and 620.116 of the above-referenced Act.

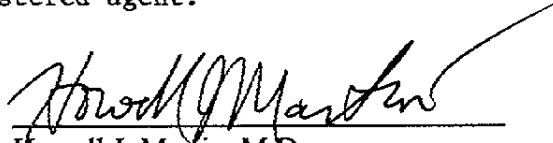
1. Name. The name of the Limited Partnership is Martin Family Investments, Ltd..
2. Address of Office Where Records are Kept. The address of the office where records are maintained pursuant to Section 620.106 is 545 Brent Lane, Pensacola, Florida 32503.
3. Name and Address of Registered Agent. The name and address for the agent for service of process is Howell J. Martin, M.D., 545 Brent Lane, Pensacola, Florida 32503.
4. Name and Business Address of General Partner. The name and business address of the General Partner is Howell J. Martin, M.D., 545 Brent Lane, Pensacola, Florida 32503.
5. Mailing Address. The mailing address of this limited partnership is 545 Brent Lane, Pensacola, Florida 32503.
6. Term. The Limited Partnership shall begin on the date the Certificate of Limited Partnership is filed with the Department of State, and shall continue until the 31st day of December,

2045, unless dissolved by law or by agreement of the parties hereto or unless extended by a majority

agreement of the Partners.

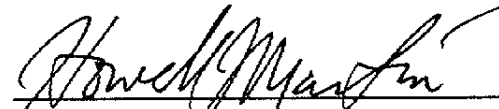
Having been named as registered agent to accept service of process for the above
Limited Partnership, I am familiar REGISTERED AGENT:
with and accept appointment as registered agent.

Date: November 12, 2003


Howell J. Martin, M.D.

GENERAL PARTNER:

Date: November 12, 2003


Howell J. Martin, M.D.

**AFFIDAVIT OF GENERAL PARTNER
OF THE
MARTIN FAMILY INVESTMENTS, LTD.**

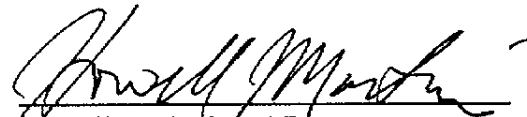
STATE OF FLORIDA
COUNTY OF ESCAMBIA

The Undersigned, being the General Partner of the above-named Limited Partnership, having been duly sworn, does hereby state as follows:

1. That the Undersigned is the General Partner of the above-named Limited Partnership.
2. That the total contributions of Limited Partners in the above-named Limited Partnership is \$ 990,000.00.
3. Additional contributions by the Limited Partners in the amount of \$ (ZERO) are anticipated.


DATED this 12th day of November, 2003.

GENERAL PARTNER:


Howell J. Martin, M.D.

STATE OF FLORIDA
COUNTY OF ESCAMBIA

Sworn to and subscribed before me this 12th day of November, 2003, by Howell J. Martin, M.D., General Partner of the Martin Family Investments, Ltd., who is personally known to me or who produced _____ as identification.


NOTARY PUBLIC, State of Florida

