

Certificate of Limited Partnership

A04000000566
FILED
April 08, 2004
Sec. Of State
gharvey

Name of Limited Partnership:

INSPEX FAMILY LIMITED PARTNERSHIP

Business Address of Limited Partnership:

P.O. BOX 7362
NORTH PORT, FL. 34287

Mailing Address of Limited Partnership:

P.O. BOX 7362
NORTH PORT, FL. 34287

The name and Florida street address of the registered agent is:

TED J LEMEK
4724 HANSARD AVE
NORTH PORT, FL. 34287

I certify that I am familiar with and accept the responsibilities of registered agent.

Registered Agent Signature: TED J. LEMEK

The latest date upon which the Limited Partnership is to be dissolved is:

12-31-2102

The name and address of all general partners are:

Title: G
TED J LEMEK
P.O. BOX 7362
NORTH PORT, FL. 34287 US

Title: G
KATHLEEN A LEMEK
P.O. BOX 7362
NORTH PORT, FL. 34287 US

Affidavit of Capital Contributions For Florida Limited Partnership

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The undersigned constituting all of the general partners of:
INSPEX FAMILY LIMITED PARTNERSHIP

a Florida Limited Partnership, certify:

The amount of capital contributions to date of the limited partners is:
500.00

The total amount contributed and anticipated to be contributed by the
limited partners at this time totals:
1,000.00

Signed this Eighth day of April, 2004

Under the penalties of perjury I (we) declare the I (we) have read the foregoing
and know the contents thereof and that the facts stated herein are true and correct.

General Partner Signature: TED J. LEMEK

General Partner Signature: KATHLEEN A. LEMEK