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**JAMES H. BEAUCHAMP**  
ATTORNEY AT LAW

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August 10, 2005

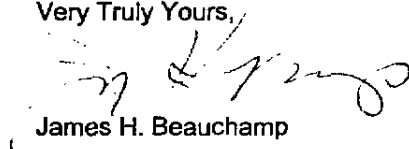
Department of State  
Division of Corporations  
Corporate Filings  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Nonpareil Limited Partnership

To Whom It May Concern:

Please file the enclosed Certificate of Limited Partnership. Also enclosed is a check in the amount of \$273.00.

Very Truly Yours,



James H. Beauchamp

encl.  
vfrb



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

August 17, 2005

JAMES H. BEAUCHAMP, ESQ.  
7233 S. 85TH EAST AVENUE  
SUITE 100  
TULSA, OK 74133-3137

SUBJECT: NONPAREIL LIMITED PARTNERSHIP  
Ref. Number: W05000038897

We have received your document for NONPAREIL LIMITED PARTNERSHIP and your check(s) totaling \$273.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**


Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan  
Document Specialist

Letter Number: 205A00052461

## CERTIFICATE OF LIMITED PARTNERSHIP

1. Davison Nonpareil Limited Partnership  
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")
  
2. 12635 Adventure drive, Riverview, FL 33569  
(Business address of Limited Partnership)
  
3. Jeff Collins  
(Name of Registered Agent for Service of Process)
  
4. 12635 Adventure Drive, Riverview, FL 33569  
(Florida street address for Registered Agent)
  
5.   
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)
  
6. Suite 200  
6939 S. 66th East Ave, Tulsa, OK. 74133  
(Mailing Address of the Limited Partnership)

7. The latest date upon which the Limited Partnership is to be dissolved is: 8-5-2035
8. Name(s) of general partner(s): \_\_\_\_\_ Street address: \_\_\_\_\_

<u>Stephen Davison</u>	#200 <u>6939 S. 66th E. Ave, Tulsa, OK 74133</u>
_____	_____
_____	_____

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

Signed this 5 day of August, 2005.

Signature of all general partners:

Stephen Davison  
General Partner

\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner

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**AFFIDAVIT OF CAPITAL CONTRIBUTIONS  
FOR FLORIDA LIMITED PARTNERSHIP**

*The undersigned constituting all of the general partners of DAVISON NONPAREIL LIMITED PARTNERSHIP, a Florida Limited Partnership, certify:*

The amount of Capital Contributions to date of the limited partners is \$ 33,850.00.

The total amount contributed and anticipated to be contributed by the limited partners at this time totals \$33,850.00.

Signed this 5 day of August, 2005.

FURTHER AFFIANT SAYETH NOT.

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

Stephen Davison  
General Partner

\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner

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