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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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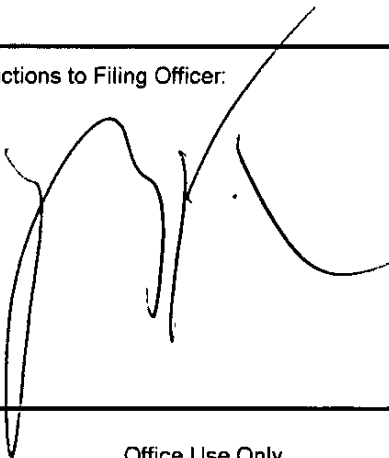
MAIL

(Business Entity Name)

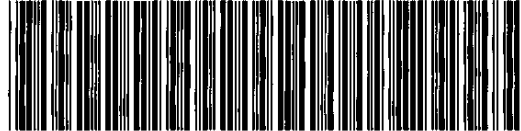
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

2006 DEC 13 PM 12:18

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TO ACKNOWLEDGE
SUFFICIENCY OF FILING

AUSLEY & McMULLEN

ATTORNEYS AND COUNSELORS AT LAW

227 SOUTH CALHOUN STREET
P.O. BOX 391 (ZIP 32302)
TALLAHASSEE, FLORIDA 32301
(850) 224-9115 FAX (850) 222-7560
Writer's Direct Line: (850) 425-5482

December 13, 2006

VIA HAND DELIVERY

Secretary of State
2661 Executive Center Circle West
Tallahassee, Florida 32301

Re: JBS Family Limited Partnership, LLLP

Dear Sir or Madam:

Enclosed are an original and one copy of the Certificate of Limited Partnership for JBS Family Limited Partnership, LLLP which includes an election to be a limited liability limited partnership. The Certificate also includes Registered Agent and Registered Office designation for the company. This firm's check in the amount of \$1,061.25 is also enclosed which is comprised of the \$965.00 filing fee, \$35.00 Designation of Registered Agent fee, \$52.50 certified copy fee, and \$8.75 certificate of status fee.

Please telephone me at 425-5482 when the certified copy and certificate are ready and I will arrange for someone to pick it up. Thank you for your assistance.

Sincerely,



Adrienne U. Francis
Paralegal

Enclosures

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06 DEC 13 PM 3:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CERTIFICATE OF LIMITED PARTNERSHIP
FOR
FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP**

**JBS Family Limited Partnership, LLLP
a Florida Limited Liability Limited Partnership**

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06 DEC 13 PM 3:15
CLERK OF STATE
TALLAHASSEE, FLORIDA

The undersigned General Partner, desiring to form a limited partnership pursuant to Florida Revised Uniform Limited Partnership Act of 2005, hereby states the following:

1. The name of the Limited Partnership is **JBS Family Limited Partnership, LLLP** (the "Partnership").
2. The street address of the initial designated office of the Partnership is **241 John Knox Road, Suite 200, Tallahassee, Florida 32303-6677**.
3. The name of the Registered Agent for service of process on the Partnership is **Robert A. Pierce**.
4. The Florida street address for the Registered Agent is **227 South Calhoun Street, Tallahassee, Florida 32301-1805**.
5. *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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.*



Signature of Registered Agent

6. The mailing address of the initial designated office of the Partnership is **241 John Knox Road, Suite 200, Tallahassee, Florida 32303-6677**.
7. The limited partnership elects to be a limited liability limited partnership.
8. The name and business address of the General Partner are:

**JBS Family, LLC
241 John Knox Road, Suite 200
Tallahassee, Florida 32303-6677**

9. This Certificate shall be effective at the time of its filing with the Florida Department of State.

IN WITNESS WHEREOF, this Certificate has been executed by the General Partner of **JBS Family Limited Partnership, LLLP**, this 4th day of December, 2006.

GENERAL PARTNER:

JBS Family, LLC

By: 

Lane P. Smith, Member

Filing Fees:	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75

CERTIFICATE OF LIMITED LIABILITY LIMITED PARTNERSHIP
JBS Family Limited Partnership, LLLP

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