Electronic Filing Cover Sheet

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(((H06000294576 3)))



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To:

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Fax Number : (850)205-0383

PLEASE GIVE ORIGINAL SUBMISSION DATE AS FILE DATE.

From:

Account Name : CORPDIRECT AGENTS, INC.

Account Number : 110450000714 Phone : (850)222-1173

Fax Number : (850)224-1640

FLORIDA/FOREIGN LP/LLP

MIKE & TARA ASSOCIATES, LTD.

Certificate of Status	0
Certified Copy	0
Page Count	-03 -5
Estimated Charge	\$1,000.00

Electronic Filing Menu

Corporate Filing Menu

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December 14, 2006

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CORPDIRECT AGENTS, INC.

SUBJECT: MIKE & TARA ASSOCIATES, LTD.

REF: W06000053847

PLEASE GIVE ORIGINAL SUBMISSION DATE AS FILE DATE.

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as Registered Agent.)

The registered agent must sign accepting the designation.

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) 245-6043.

Joey Bryan Document Specialist FAX Aud. #: E06000294576 Letter Number: 406A00071142

SECRETARY OF STATE TAIL AHASSEE PLOBINA

P.O BOX 6327 - Tallahassee, Florida 32314

H06000294576 3

CERTIFICATE OF LIMITED PARTNERSHIP

OF

MIKE & TARA ASSOCIATES, LTD. a Florida Limited Partnership

The undersigned General Partner, desiring to form a Limited Partnership pursuant to the Florida Revised Uniform Limited Partnership Act, as set forth in Chapter 620 of the Florida Statutes, does hereby state the following:

- 1. The Partnership's name is MIKE & TARA ASSOCIATES, LTD., a Florida Limited Partnership.
 - 2. The address of the office of the Partnership is:

1112 Kelton Boulevard Gulf Breeze, FL 32563

3. The name and street address of the Agent for service of process on the Partnership are as follows:

> John A. Moran, Esq. Dunlap & Moran, P.A. 1990 Main Street Suite 700 Sarasota, FL 34236

4. The name and business address of the General Partner is as follows:

CHLOE MANAGEMENT, LLC #LD6000116440
1112 Kelton Boulevard
Gulf Breeze, FL 32563

5. The mailing address of the Partnership is:

c/o Michael J. Dolister 1112 Kelton Boulevard Gulf Breeze, FL 32563

- The latest date on which the Limited Partnership is to be dissolved and its affairs wound up is December 31, 2056, unless the term of the Partnership is further extended by a Majority in Interest of the Partners, as defined in the Partnership Agreement.
- 7. The effective date of this Certificate of Limited Partnership shall be the effective date of the filing of the Certificate of Limited Partnership with the Florida Department of State.

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H06000294576 3

The execution of this Certificate and Affidavit by the undersigned General Partner constitutes an affirmation, under the penalties of perjury, that the facts stated herein are true.

IN WITNESS WHEREOF, this Certificate of Limited Partnership has been executed by MICHAEL J. DOLISTER, as Manager of CHLOE MANAGEMENT, LLC, a Florida limited liability company, the General Partner of MIKE & TARA ASSOCIATES, LTD., a Florida Limited Partnership, this St day of December, 2006.

WITNESSES:

CHLOE MANAGEMENT, LLC, a Florida limited liability company

Michael J. Dolister,

its Manager

"GENERAL PARTNER"

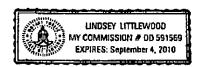
STATE OF FLORIDA COUNTY OF SARASOTA

The foregoing instrument was acknowledged before me this rolday of (Chapter, 2006, by MICHAEL J. DOLISTER, in his capacity as Manager of CHLOE MANAGEMENT, LLC, General Partner, who [] is personally known to me or [] has produced Fl Orientianse as identification.

Notary Public

Printed Name/My Commission Expires:

THIS INSTRUMENT PREPARED BY:
JOHN A. MORAN, ESQUIRE
Florida Bar No. 718335
DUNLAP & MORAN, P.A.
1990 Main Street, Suite 700
Sarasota, FL 34236
Telephone: 941-366-0115
JAM:dw:cb\5414-6\7400 Cert of Lim Part



H06000294576 3

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been named as statutory Registered Agent for BUFFY & MIKE ASSOCIATES, LTD., a Florida limited partnership (the "Partnership" in the foregoing Certificate of Limited Partnership), I hereby agree to act in that capacity, and, on behalf of the Partnership, to accept service of process for the Partnership and to comply with any and all statutes relative to the complete and proper performance of the duties of Registered Agent.

Dated: 4 2006

Registered Agent

1990 Main Street, Suite 700

Sarasota, FL 34236

THIS INSTRUMENT PREPARED BY:
JOHN A. MORAN, ESQUIRE
Florida Bar No. 0718335
DUNLAP & MORAN, P.A.
Post Office Box 3948
Sarasota, FL 34230-3948
Telephone: 941-366-0115

JAM:dw\5414-6\Accept of Appt of Reg Agent .

SECRETARY OF STATE
DIVISION OF CORPORATIONS
OF OFF 13 AM 8: 20