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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

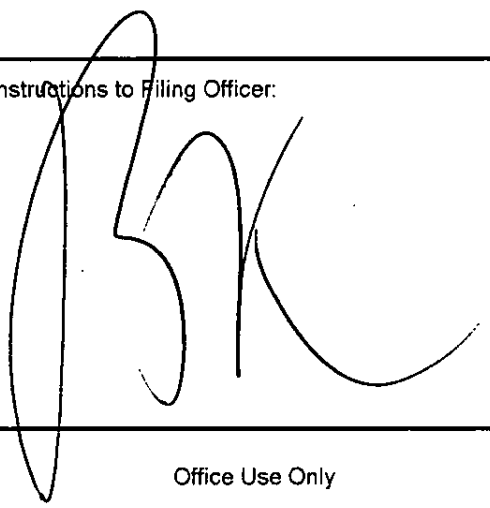
PICK-UP  WAIT  MAIL

(Business Entity Name)

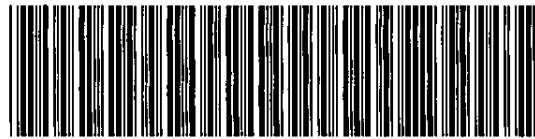
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**CAPITAL CONNECTION, INC.**

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OFT Ltd.

- Art of Inc. File \_\_\_\_\_
- LTD Partnership File \_\_\_\_\_
- Foreign Corp. File \_\_\_\_\_
- L.C. File \_\_\_\_\_
- Fictitious Name File \_\_\_\_\_
- Trade/Service Mark \_\_\_\_\_
- Merger File \_\_\_\_\_
- Art. of Amend. File \_\_\_\_\_
- RA Resignation \_\_\_\_\_
- Dissolution / Withdrawal \_\_\_\_\_
- Annual Report / Reinstatement \_\_\_\_\_
- Cert. Copy \_\_\_\_\_
- Photo Copy \_\_\_\_\_
- Certificate of Good Standing \_\_\_\_\_
- Certificate of Status \_\_\_\_\_
- Certificate of Fictitious Name \_\_\_\_\_
- Corp Record Search \_\_\_\_\_
- Officer Search \_\_\_\_\_
- Fictitious Search \_\_\_\_\_
- Fictitious Owner Search \_\_\_\_\_
- Vehicle Search \_\_\_\_\_
- Driving Record \_\_\_\_\_
- UCC 1 or 3 File \_\_\_\_\_
- UCC 11 Search \_\_\_\_\_
- UCC 11 Retrieval \_\_\_\_\_
- Courier \_\_\_\_\_

Signature

Requested by:

WL 6/13 11:00

Name

Date

Time

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CERTIFICATE OF LIMITED PARTNERSHIP  
OF  
OFT LIMITED PARTNERSHIP

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TALLAHASSEE, FLORIDA

The undersigned, desire to form a limited partnership under the Florida Revised Uniform Limited Partnership Act as set forth in Florida Statute §620.1101 et. al., make the following certificate:

1. The name of the limited partnership shall be: OFT LIMITED PARTNERSHIP.
2. The Limited Partnership is created and formed for the purpose of engaging in all lawful business.
3. The street mailing address, location of the office and principal place of business for the limited partnership shall be 1670 RIDGETOP DRIVE, TARPON SPRINGS, FLORIDA 34688.
4. The name and business address of the general partner is OFTM, LLC, whose business address is 1670 RIDGETOP DRIVE, TARPON SPRINGS, FLORIDA 34688.
5. The partnership shall be perpetual. L070000 51437
6. The registered agent and its address for service of process as required by Florida Statute §620.1114 for the limited partnership shall be:

O'CONNOR & ASSOCIATES  
1250 BELCHER ROAD, SUITE 160  
LARGO, FL. 33771

The undersigned shall serve as a Registered Agent until otherwise removed or he shall resign pursuant to the laws of the State of Florida.


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

Signed this 12<sup>TH</sup> day of JUNE, 2007.

WITNESSES:

General Partner

OFTM, LLC, a Florida limited liability corporation as general partner

  
Patricia Buck

By:   
PATRICIA BUCK, its Manager

STATE OF FLORIDA )  
COUNTY OF PINELLAS ) S.S.

The foregoing instrument was acknowledged before me this 12<sup>TH</sup> day of JUNE, 2007, by PATRICIA BUCK as Manager of OFTM, LLC, as general partner, on behalf of the OFT LIMITED PARTNERSHIP, a Florida Limited Partnership. She is personally known to me or has produced Fla. Div. LLC as identification and did take an oath.



Patti S. Bunce  
Notary Public  
State of Florida  
My Commission Expires:

**Acknowledgment of Registered Agent**

I hereby am familiar with and accept the duties and responsibilities as Registered Agent pursuant to Florida Statute §620.1114 for said limited partnership.

By:

Patrick M. O'Connor  
Patrick M. O'Connor  
Registered Agent