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07 DEC 24 PM 12:45
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
OFFICE OF CORPORATIONS
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
07 DEC 24 AM 9:45

BK 12/24

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

* File Second *

FILING COVER SHEET
ACCT. #FCA-14

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07 DEC 24 PM 12:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CONTACT: TRACY SPEAR
DATE: 12-24-07
REF. #: 001736.79013
CORP. NAME: OWEN WILKINSON, LTD

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 3087 FOR \$ 1,000.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|--|---|--|
| <input type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

CERTIFICATE OF LIMITED PARTNERSHIP

OF

**OWEN WILKINSON, LTD.
a Florida Limited Partnership**

FILED
07 DEC 24 PM 12:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 **OWEN WILKINSON, LTD.**, a Florida Limited Partnership.

2. The address of the office of the Partnership is:

456 S. Tamiami Trail
Osprey, FL 34229

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

Bradley D. Magee, Esquire
200 Park Trace Blvd.
Osprey, FL 34229

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

SUMMIT TWO HOLDINGS, LLC
456 S. Tamiami Trail
Osprey, FL 34229

W07000126870

5. The mailing address of the Partnership is:

c/o Robert O. Culver
456 S. Tamiami Trail
Osprey, FL 34229

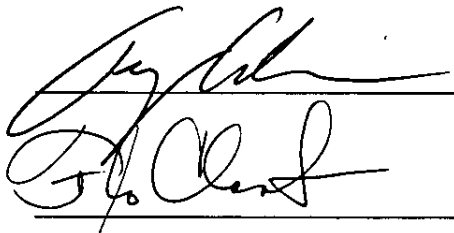
6. The latest date on which the Limited Partnership is to be dissolved and its affairs wound up is December 31, 2057, unless the term of the Partnership is further extended by a Majority in Interest of the Partners, as defined in the Partnership Agreement.

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.

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.

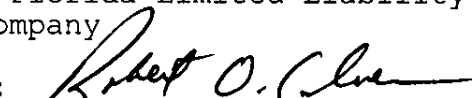
IN WITNESS WHEREOF, this Certificate of Limited Partnership has been executed by Robert O. Culver, as Manager of SUMMIT TWO HOLDINGS, LLC, a Florida Limited Liability Company, the General Partner of OWEN WILKINSON LTD., a Florida Limited Partnership, this 21st day of DECEMBER, 2007.

WITNESSES:



SUMMIT TWO HOLDINGS, LLC,
a Florida Limited Liability
Company

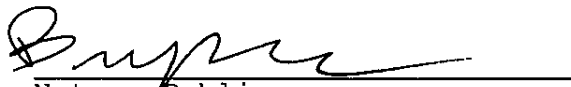
By:


Robert O. Culver,
Manager

"GENERAL PARTNER"

STATE OF FLORIDA
COUNTY OF SARASOTA

The foregoing instrument was acknowledged before me this 21st day of December, 2007, by Robert O. Culver, who [X] is personally known to me or [] has produced _____ as identification, in his capacity as Manager of SUMMIT TWO HOLDINGS, LLC, a Florida Limited Liability Company, the General Partner of OWEN WILKINSON, LTD., a Florida Limited Partnership.


Notary Public
Printed Name/My Commission
Expires:

THIS INSTRUMENT PREPARED BY:
BRADLEY D. MAGEE, Esquire
Florida Bar No. 861730
BRADLEY D. MAGEE, ATTORNEY AT LAW, P.L.
P.O. Box 3
Osprey, FL 34229
Telephone: 941-918-9894
1789-1/Cert of Lim Part




Bradley D. Magee
Commission # DD576240
Expires July 20, 2010
Bonded Troy Fair - Insurance, Inc 800-385-7019

**ACCEPTANCE OF APPOINTMENT
AS REGISTERED AGENT**

Having been named as statutory Registered Agent for **OWEN WILKINSON, 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: December 21, 2007

Registered Agent:



Bradley D. Magee
200 Park Trace Blvd.
Osprey, FL 34229