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(Requestor's Name)

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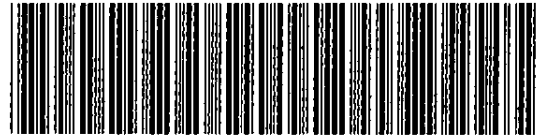
(Business Entity Name)

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TALLAHASSEE, FLORIDA

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JUL 21 2008

EXAMINER

LAW OFFICES
FRANK J. YONG, P.A.

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FRANK J. YONG
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July 2, 2008

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Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

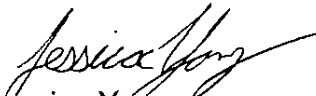
Re: SHEILA W. SCOTT FAMILY, LTD.

Dear Sir/Madam:

Enclosed for filing are one original and one copy of the Certificate of Limited Partnership and a Certificate Designating Registered Agent for the referenced entity. Also, enclosed is this firm's check in the amount of \$1000.00 in payment of your filing fees. Please return one filed copy of the Articles of Organization and Designating Registered Office/Agent to me in the envelope provided.

Thank you for your attention to this matter and please do not hesitate to contact me should you have questions.

Very truly yours,


Jessica Yong
Legal Assistant

/jsy
Enclosures

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TALLAHASSEE, FLORIDA

CERTIFICATE OF LIMITED PARTNERSHIP
OF
SHEILA W. SCOTT FAMILY, LTD.

The undersigned general partner files this Certificate of Limited Partnership of Sheila W. Scott Family, Ltd. with the Florida Secretary of State pursuant to the requirements of Section 620.108 of the Florida Revised Uniform Limited Partnership Act (the "Act"), in order to form a Florida limited partnership.

- I.1. NAME. The name of the limited partnership is Sheila W. Scott Family, Ltd.
- I.2. Principal Place of Business And Mailing Address of The Office at Which The Records Required to Be Maintained by The Partnership Under The Act Are Kept Is: 6784 A Avenue, St. Augustine, Florida 32080.
- I.3. Registered Agent and the Registered Agent's Address of The Limited Partnership Will Be: 6784 A Avenue, St. Augustine, Florida 32080, J. Hunt Bowman, III.

Having been named as registered agent to accept service of process for Sheila W. Scott Family, Ltd., at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



J. Hunt Bowman, III, Resident Agent

I.4. Name And Address of The General Partner of The Partnership Are as Follows:

<u>NAME</u>	<u>ADDRESS</u>
J. Hunt Bowman, III	6784 A Avenue St. Augustine, Florida 32080

I.5. The Effective Date of This Limited Partnership Shall be: When this Certificate is filed with the Secretary of State.

I.6. The Latest Date Upon Which The Limited Partnership Is to Be Dissolved And Its Affairs Wound up Will Be: December 31, 2067

I.7. Liability Status. The partnership will be a limited partnership.

.8. Affirmation. Each general partner hereby acknowledges that pursuant to the Act:

.8.1 The execution of this certificate by the general partner constitutes an affirmation under penalties of perjury that the facts stated herein are true;

.8.2 The general partner accepts the liability imposed by the Act on the general partner for a false statement contained in this certificate; and

.8.3 If, after the execution of this certificate a general partner knows that any arrangement or other fact described in this certificate has changed, making the statement inaccurate in any material respect, the general partner will forthwith cause this certificate to be canceled or amended, or file a petition for its cancellation or amendment pursuant to the terms of the Act.

EXECUTED as of this 15th day of July, 2008.



J. Hunt Bowman, III, as General Partner

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