CORPORATION ISLUMINATO SERVICES, INC. 1201 HASS STREET TAGGADASSCI EL 12301 904-222-9171

800-142-8086

51100100121 904-222-0191-7AV

MAIL TO: P.O. Box 5020 TALLAHASSEL, PL 32314

ACCOUNT NO. 1 0721000000032

REFERENCE: 515386 80830A

AUTHORIZATION :

COST LIMIT : PREPAID

700001389757 -01/26/35--01017--011 +++1793,75 +++1793,75

ORDER DATE: December 30, 1994

ORDER TIME : 11:11 AM

ORDER NO. : 515386

CUSTOMER NO: 80830A

CUSTOMER: Donald H. Wilson, Jr., Esq BOSWELL STIDHAM PURCELL

> 150 East Davidson Bartow, FL 33830

DOMESTIC FILING

NAME:

THE W. P. AND MAUDE HAYHANTAL ____ FAMILY PARTNERSHIP, LTD! 34HX TALANCE DUL

ARTICLES OF INCORPORATION XX CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY ____ PLAIN STAMPED COPY XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Lori R. Dunlap

EXAMINER'S INITIALS:

A. ALPEN TEE

: 1-3/15

LAW OFFICES

Boswell Stidham Purcell Conner Wilson & Bimwer, P. A.

CLAHENCE A. BORWELL DABNEY L. CONNEN CLAUDE M. HANDEN, III BTEVEN L. BELPH JONATHAN BTIDHAM WOFFORD H. BTIDHAM DONALD M. WILBON, JR. POST OFFICE DOX 1878 180 EAST DAVIDSON STREET BARTOW, FLORIDA 33831

> TECEPHONE (013) 533-0866 FAX (013) 533-7255

JOHN H. PURCELL (1037-1868)

WALTER L. DREWER

December 29, 1994

Department of State Division of Corporations P O Box 6327 Tallahassee FL 32314

Re: The W.P. and Maude Hayman Family Partnership, Ltd.

Dear Ladies and Gentlemen:

Enclosed is the original executed Certificate of Limited Partnership and Affidatit of Enclosed is Capital Contributions for the above referenced Florida Limited Partnership. Also enclosed is a check in the amount of \$1,793.75 which represents the filing fee of \$1,750.00, the registered agent designation of \$35.00 and \$8.75 for a certificate of status.

Also enclosed is an additional copy of the Certificate and Affidavit, together with a return pre-addressed stamped envelope, which we would ask be returned to this office after having been stamped as received by your office.

Thank you for your cooperation and assistance, and please contact the undersigned if you have any questions.

Sincerely,

Donald H. Wilson, Jr.

Jonold Hilson &

DHWjr:afm enclosures as noted

CERTIFICATE OF LIMITED PARTNERSHIP OF THE W.P. AND MAUDE HAYMAN FAMILY PARTNERSHIP, LTD.

The undersigned general partner desiring to form a limited partnership pursuant to the Florida Revised Uniform Limited partnership Law as set forth in Section 620.108 of the Florida Statutes, hereby states the following:

- 1. The name of the Partnership is The W.P. and Maude Hayman Family Partnership, Ltd.
- 2. The address of the office of the Partnership is 1317 Druid Isle Road, Maitland, FL 32751.
- 3. The name and address of the agent for service of process on the Partnership are Steven R. Wright, 550 Davidson Street, East, Bartow, FL 33830.
 - 4. The name and business address of the only general partner is as follows:

William P. Hayman

32751.

1317 Druid Isle Road Maitland, FL 32751

5. The mailing address of the Partnership is 1317 Druid Isle Road, Maitland, F

6. The latest date upon which the Partnership shall dissolve is January 1, 2045.

The execution of this Certificate 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 the only the general partner of The W.P. and Maude Hayman Family Partnership Ltd. this $\frac{1}{2}$ day of $\frac{1}{2}$

GENERAL PARTNER

William P. Hayman



BEFORE ME, the undersigned as the only general partner of The W.P. and Maude Hayman Family Partnership, Ltd., a Florida Limited Partnership, certifies as follows:

The amount of capital contributions to date of the limited partner is \$576,000.00.

The total amount contributed and anticipated to be contributed by the limited partner at this time totals \$2,000,000.00.

This 29 day of becamen, 1994.

FURTHER AFFIANT SAYETH NOT.

Under the penalties of perjury I declare that I have read the foregoing and that the facts alleged are true, to the best of my knowledge and belief.

William P. Hayman

STATE OF FLORIDA

COUNTY OF POLK

The foregoing instrument was acknowledged before me this $\underline{\text{Dec. 29}}$, 1994, by William P. Hayman, who is personally known to me and who did take an oath.

Print Notary Name:

Notary Public - State of Florida at Large

CommissionNumber:

My Commission Expires:

(Affix Notarial Seal)



DONALO H. WILSON, JR. Notary Public, State of Florida My comm. expires May 31, 1996 Comm. No. CC204609

ACCEPTANCE

I, Steven R. Wright, hereby accept designation as agent for service of process on W.P. and Maude Hayman Family Partnership, Ltd.

STATE OF FLORIDA COUNTY OF POLK

SWORN TO AND SUBSCRIBED before me on this <u>Nicomises 29,1994</u>.

Notary Public Signature

Print Notary Name Laura E. Commission Number CC 300

My Commission Expires _

(Affix Notarial Seal)