CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite [illegible], Tallahassee, FL 32301 (904) 224-8870
Mailing Address: [illegible], Tallahassee, FL 32302
TOLL FREE No. [illegible]-8062
FAX (904) [illegible]

A95000000123

NAME _____
FIRM _____
ADDRESS _____
_____
_____
PHONE ( ) _____

Service: Top Priority _____ Regular _____
One Day Service Two Day Service

To us via _____ Return via _____

Matter No.: _____ Express Mail No. _____

State Fee $ _____ Our $ _____

1/24/95
M/C

C. TAX _____
FILING _____
R. AGENT FEE _____
C. COPY _____
TOTAL 105.00
PAID _____
BALANCE DUE _____

RE: Sebastian Partners, Ltd

	C.C. FEE	DISBURSED
___ Capital Express™		
___ Art. of Inc. File		
___ Corp. Record Search		
✓ Ltd. Partnership File		
___ Foreign Corp. File		
✓ Cert. Copy(s) (Plain Certified)		
___ Art. of Amend. File		
___ Dissolution/Withdrawal		
___ C U S-		
___ Fictitious Name File		
___ Name Reservation		
___ Annual Report/Reinstatement		
___ Reg. Agent Service		
___ Document Filing		
___ Corporate Kit		
___ Vehicle Search		
___ Driving Record		
___ Document Retrieval		
___ UCC 1 or 3 File		
___ UCC 11 Search		
___ UCC 11 Retrieval		
___ File No.'s, ___ Copies		
___ Courier Service		
___ Shipping/Handling		
___ Phone ( )		
___ Top Priority		
___ Express Mail Prep.		
___ FAX ( ) pgs.		
SUBTOTALS		

95 JAN 24 PM 1:43
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

100001389781
-01/26/95--01017--016
****105.00 ****105.00

FEE	$
DISBURSED	$
SURCHARGE	$
TAX on corporate supplies	$
SUBTOTAL	$
PREPAID	$
BALANCE DUE	$
	$

REQUEST	TAKEN	CONFIRMED	APPROVED
DATE			
TIME			CK No.
BY			

WALK-IN
Will Pick Up 1-24 11:00

Please remit invoice number with payment
TERMS: NET 10 DAYS FROM INVOICE DATE
1 1/2% per month on Past Due Amounts
Past 30 Days, 18% per Annum.

THANK YOU
from
Your Capital Connection

CERTIFICATE OF LIMITED PARTNERSHIP
AND AFFIDAVIT OF CAPITAL CONTRIBUTIONS
OF

SEBASTIAN PARTNERS, LTD.

The undersigned hereby organize a limited partnership for profit under the provisions of the Florida Uniform Limited Partnership Act, and pursuant to the following Certificate of Limited Partnership

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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1. Name. The name of this limited partnership is Sebastian Partners, Ltd

2. Address and Agent for Service of Process. The Agent for Service of Process is:

Sportsman's GP, Inc.
4800 North A1A, Seaquay #3
Vero Beach, Florida 32963

4. Address of General Partner. The address of the General Partner is:

Sportsman's GP, Inc.
4800 North A1A, Seaquay #3
Vero Beach, Florida 32963 S95000017

5. Mailing Address of Limited Partnership. The mailing address of the limited partnership is:

Sebastian Partners, Ltd.
4800 North A1A, Seaquay #3
Vero Beach, Florida 32963

6. Duration. This limited partnership shall dissolve not later than January 31, 2004.

7. Capital Contributions of Limited Partners. The General Partner anticipates capital contributions by the limited partners amounting to Ten-Thousand Dollars ($10,000).

The undersigned, President of the General Partner, hereby swears that the above is true and correct and executes this Certificate of Partnership this 9th. day of January, 1995.

Todd F Walker