

CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 100 Tallahassee, FL 32301 (904) 224-8870
 Mailing Address: P.O. Box 1109 Tallahassee, FL 32302
 TOLL FREE No. 1-800-2-8062
 FAX (904) 224-1266

A950000000123

NAME _____
 FIRM _____
 ADDRESS _____

PHONE () _____

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

To us via _____ Return via _____

Mailor No.: _____ Express Mail No. _____

State Fee \$ _____ Our \$ _____

1/24/95
 NYC

C. TAX _____
 FILING _____
 R. AGENT FEE _____
 S. COPY _____
 TOTAL _____
 S. PARK _____
 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) Photo (cert. enough money)
- ☐ 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 Prop.
- ☐ FAX () pgs.

95 JAN 24 PM 1:43

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

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

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

REQUEST	TAKEN	CONFIRMED	APPROVED
DATE			
TIME			CK No.
BY	<u>JK</u>		

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

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, Seauway #3
Vero Beach, Florida 32963

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

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

89500006017

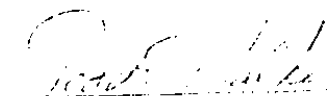
5. Mailing Address of Limited Partnership. The mailing address of the limited partnership is:

Sebastian Partners, Ltd.
4800 North A1A, Seauway #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

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