CAPITAL CONNECTION, INC.

417 E. Virginia St., S... Tallahassee, FL 32301 (904)2..-8870
Mailing Address: Po... Tallahassee ...
TOL... FREE N...
FAX (904) 2..-1222

A950000000393

_____ of _____

...of Florida
...Limited Partnership

DIVISION OF CORPORATIONS

NAME ______
FIRM ______
ADDRESS ______

PHONE (   ) ______

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

To us via ______ Return via ______

Mailer No.: ______ Express Mail No. ______

State Fee $ ______ Our $ ______

		FEE	DISBURSED
___ Capital Express℠			
___ Art. of Inc. File			
✓ Corp. Record Search			
✓ Ltd. Partnership File			
___ Foreign Corp. File			
✓ ( ) Cert. Copy(s)	C/S enough or photo copy		
___ 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			

FILED 95 MAR 15 PM 3:19 SECRETARY OF STATE DIVISION OF CORPORATIONS

600001428956
-03/14/95--01073--013
*****87.50 *****87.50

BK 3/15/95

W45000005687

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

REQUEST	TAKEN	CONFIRMED	APPROVED
DATE			
TIME			CK No.
BY	Jw		

WALK-IN
Will Pick Up 3-14 ___ 1:a

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

11 2529 7 PONCERS INC., THOMASVILLE, GA

CERTIFICATE OF LIMITED PARTNERSHIP
OF

1. M & S Finance, a Florida Limited Partnership
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")

FILED
95 MAR 15 PM 9:10
SECRETARY OF STATE
CORPORATIONS

2. 2040 N. W. 67th Place, Gainesville, FL 32653
(The Business Address of Limited Partnership)

3. Cheryl L. Whalen
(Name of Registered Agent for Service of Process)

4. 2040 N. W. 67th Place, Gainesville, FL 32653
(Florida Street Address for Registered Agent)

5. Cheryl L Whalen
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process.)

6. P. O. Box 5278, Gainesville, FL 32602-5278
(The Mailing Address of the Limited Partnership.)

7. The latest date upon which the Limited Partnership is to be dissolved is March 15, 2005.

8. NAME OF GENERAL PARTNER(S)	SPECIFIC ADDRESS
P95000013417	
O'Neil Management Services, Inc.	2040 N. W. 67th Place Gainesville, FL 32653

Signed this 10th day of March, 1995.

Signature of all general partners:

General Partner

Executive Vice President
O'Neil Management Services, Inc.

General Partner

General Partner

General Partner

General Partner

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 15 AM 9:19

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 15 AM 9:19

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned constituting all of the general partners of M & S Finance, a Florida Limited Partnership, certify as follows:

The amount of capital contributions to date of the limited partners is $ 1,000.

The total amount contributed and anticipated to be contributed by the limited partners at this time totals $ 1,000.

This 10th day of March, 19 95.

FURTHER AFFIANT SAYETH NOT.

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

General Partner	General Partner
	Executive Vice President O'Neil Management Services, Inc.
General Partner	General Partner
General Partner	General Partner

A95000000393

M+S Finance, A Florida Limited Partnership
P.O. Box 5278
Gainesville, FL 32608-5278

FILED
96 JAN 23 PM 3:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Supplemental Affidavit
increasing to
$ 25,000.00

A95000000393

Name
Availability

W. P. Vertyer

200001698572
-01/26/96--01004--001
***1100.79 ****168.00

C. TAX
F. 168.00
REFUND

SUPPLEMENTAL AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FLORIDA LIMITED PARTNERSHIP

The undersigned, constituting all of the general partners of M & S Finance, a Florida Limited Partnership, executed this supplemental affidavit filed pursuant to section 620.112, Florida Statutes.

The total amount of the capital contributions of the limited partners is $25,000.00.

This 28th day of December, 1995.

FURTHER AFFIANT SAYETH NOT.

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

FILED
JAN 23 11 08 35

General Partner

Cheryl L. Whalen, Executive Vice President
O'Neil Management Services, Inc.

FEES: $7 per $1000, based on the additional contributions
Minimum $52.50 - Maximum $1750

INHSE 20 (7-90)

FILE ON OR BEFORE DECEMBER 31, 1995 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND $500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 JAN 23 AM 10:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
DO NOT WRITE IN THIS SPACE

1. Name of Limited Partnership

1a. DOCUMENT # A95000000393

M & S FINANCE, A FLORIDA LIMITED PARTNERSHIP

2. New Mailing Address, if Applicable

Suite, Apt. #, etc.

City, State & Zip

2a. New Principal Office Address, if Applicable

Suite, Apt. #, etc.

City, State & Zip

Mailing Address	Principal Office Address
P.O. BOX 5278 GAINESVILLE FL 32602-5278	2040 N.W. 67TH PLACE GAINESVILLE FL 32653

If above addresses are incorrect in any way, cross through the incorrect information and enter correct address in Block 2 and/or 2a

3. Date Formed or Registered to Do Business in FLORIDA	3a. Date of Last Report	4. State or Country of Formation
03/15/1995		FL

5a. Capital Contributions, as Shown on Record	5b. Amount of Capital Contributions in FLORIDA to date	6. FEI Number	7. CERTIFICATE OF STATUS REQUIRED
$1,000.00	25,000	59-3287910	Applied For ☐ Not Applicable ☐ ($5.00 Additional Fee required for a Certificate of Status)

8. FEES: 1) Filing Fee: Computed at a rate of $7 per $1,000 on amount entered in 5b or 5a if 5b blank, with a minimum filing fee of $52.50 and a maximum of $437.50
2) Supplemental Fee: $138.75 (pursuant to section 607.193, F.S.)
THE AMOUNT DUE SHALL BE NO LESS THAN $191.25 ($52.50 + $138.75) AND NO MORE THAN $576.25 ($437.50 + $138.75)
Note: If the amount entered in 5b is greater than amount entered in 5a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.
MAKE CHECK PAYABLE TO FLORIDA DEPT. OF STATE

9. Name and Address of Current Registered Agent

WHALEN, CHERYL L
2040 N.W. 67TH PLACE
GAINESVILLE FL 32653

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City | FL | Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.102, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.102, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
O'NEIL MANAGEMENT SERVICES,	2040 N.W. 67TH PLACE	GAINESVILLE FL 32653	P92000013417

500001698595
-01/26/96--01004--002
***3766.25 ****313.75

(313 75) 96 ar dcc

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with S. section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath; I further certify that I am a General Partner of the limited partnership, receiver, trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE G. J. Mallini DATE

Typed or Printed Name of General Partner Signing Form _____ Telephone Number _____

CR2E003 (6/95)

0011589