

TARA FINANCIAL SERVICES, INC.

489 W. Minnehaha Ave. • Clermont, FL 34711

Phone: 904/394-5984 • Mobile: 407/257-9235

Frank T. O'Keefe
CHAIRMAN, REP

A950000000461

March 12, 1995

Bureau of Commercial Recording
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

500001485755
-03/22/95--01008--001
***264.25 ***264.25

Gentlemen;

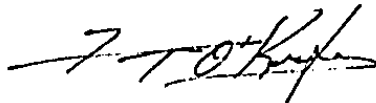
Pursuant to the attached application for a Limited Partnership in the State of Florida, the following information is for the file.

- The attached Check in the amount of \$ 264.25 is for the following:
- a- \$ 35.00 for the designation of a registered agent.
 - b- \$ 8.75 is for a requested certificate.
 - c- \$ Amount of Contribution is based on \$ 31,500.00 @ \$7.00 per thousand = \$ 220.50.

The contact person for Laurel Enterprises, Limited Partnership is to be F.T. O'Keefe (904) 394-5984, 489 W. Minnehaha Ave., Clermont, Fl. 34711.

FILED
 1995 MAR 21 AM 9 45
 TALLAHASSEE, FLORIDA
 BUREAU OF COMMERCIAL RECORDING

Thank You,



Name	alaskas
Availability	dec
Document Examiner	---
Updater	---
Updater Verify	---
Admin	---
...	---

TC
\$ 31,500.00

A950000000461

CERTIFICATE OF LIMITED PARTNERSHIP
OF

1. LAUREL ENTERPRISES, LIMITED PARTNERSHIP
(Name of Limited Partnership; must contain a suffix such as "Limited",
"Ltd.", or "Limited Partnership")

2. 489 W. Minnehaha Ave., Clermont, FL 34711
(The Business Address of Limited Partnership)

3. Tara Financial Services, Inc. (Tara)
(Name of Registered Agent for Service of Process)

4. 489 W. Minnehaha Ave., Clermont, FL 34711
(Florida Street Address for Registered Agent)

5. *J. J. O'Keefe, Pres. Tara Financial Services, Inc.*
(Registered Agent must sign here to accept designation as Registered Agent for
Service of Process.)

6. 489 W. Minnehaha Ave., Clermont, FL 34711
(The Mailing Address of the Limited Partnership.)

7. The latest date upon which the Limited Partnership is to be dissolved is March 1, 2025.

8. NAME OF GENERAL PARTNER(S)

SPECIFIC ADDRESS

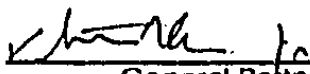
Stephen DeCubellis, Jr.

139 Connie Lee Court, Lakeland, FL 33809

FILED
1995 MAR 21 7 3 45
CLERK OF COURT
CLERK OF COURT

Signed this 1st day of March, 1995.

Signature of all general partners:


General Partner

General Partner

General Partner

General Partner

General Partner

FILED
1995 MAR 21 AM 8:45
SEC. OF STATE
TALLAHASSEE, FLORIDA

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned constituting all of the general partners of
LAUREL ENTERPRISES, LIMITED PARTNERSHIP , a Florida Limited Partnership, certify as fol-
lows:

The amount of capital contributions to date of the limited partners is \$ 31,500.00 .

The total amount contributed and anticipated to be contributed by the limited partners
at this time totals \$ 31,500.00 .

This 1ST 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 true, to the best of my knowledge and belief.

[Signature]
General Partner

General Partner

General Partner

General Partner

General Partner

General Partner

FILED
1995 MAR 1 AM 8 45
CLERK OF DISTRICT COURT
MIDDLE DISTRICT OF FLORIDA
MIAMI, FLORIDA

SRC
0-0164

CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 100, Tallahassee, FL 32301 (904) 222-1100
Mailing Address: Post Office Box 101, Tallahassee, FL 32301
TOLL FREE NUMBER: 1-800-422-1102
FAX: (904) 222-1102

APR 20 0000461

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 \$ _____

*File
2nd
OK 4/20/95*

C. 100 _____
C. 100 _____ 210
C. 100 _____ 35
C. 100 _____ 240
C. 100 _____
C. 100 _____
C. 100 _____
C. 100 _____

REQUEST TAKEN CONFIRMED APPROVED
DATE _____
TIME _____ CK No. _____
BY *AJAC*

WALK-IN Will Pick Up *4-20-95*

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

95 APR 20 PM 3:57

FEDERAL BUREAU OF INVESTIGATION
SECRET SERVICE

800001168228
04/24/95--01055--003

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

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 FORMATION OF LIMITED PARTNERSHIP

OF

GATEWAY FLEX, LTD.

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION
95 APR 20 PM 6:59

THE UNDERSIGNED being desirous of forming a Limited Partnership pursuant to the Uniform Limited Partnership Act of the State of Florida, hereby make and sign the following certificate for that purpose:

ARTICLE I

The name under which the partnership is to be conducted is GATEWAY FLEX, LTD.

ARTICLE II

The principal place of business of the Limited Partnership and the address of the agent for service of process shall be:

George Befeler, Esq.
150 West Flagler Street
Museum Tower, Suite 2701
Miami, Florida 33130

ARTICLE III

The name and address of the general partner is as follows:

Gateway Flex Corporation General Partner c/o George Befeler
150 West Flagler Street
Suite 2701
Miami, Florida 33130

1950007 31097

ARTICLE IV

The mailing address of the Limited Partnership shall be:

GATEWAY FLEX, LTD.
c/o George Befeler
150 West Flagler Street
Museum Tower, Suite 2701
Miami, Florida 33130

ARTICLE V

The partnership shall continue for a term of 20 years.

ARTICLE VI

The purpose of the Limited Partnership shall be to engage in the transaction of any or all lawful business for which a partnership may exist under the provisions of the Florida Uniform Partnership Act.

ARTICLE X

Contributions, and capital accounts of the Partners shall be governed as follows:

1. An individual capital account shall be maintained for each Partner. Capital contributions and Partnership receipts and income allocated to each Partner pursuant to this Agreement shall be credited to such capital account; and distributions made to such Partners and Partnership costs and expenditures allocated to such Partners pursuant to this Agreement shall be charged to such capital account.

2. Each Partner shall contribute in cash to the Partnership the amount of his initial Capital Contribution as shown on Exhibit A and the same proportion of closing costs.

3. Each Partner shall hold interest in the Partnership according to his interest shown in Exhibit A.

4. Each Partner shall share in future allocations of Profit, Expenses and Losses by the Percentage Interests shown in Exhibit A and to the extent additional capital is required after the closing of the Partnership Property, each Partner shall promptly pay its proportionate share upon proof and demand by any other Partner.

5. Each Limited Partner may make any additional contributions to the capital of the partnership as may from time to time be agreed upon by the General Partner(s).

6. Each Limited Partner may make those withdrawals from the capital account as may from time to time be agreed upon by the General Partner(s).

ARTICLE XI

In the event of the bankruptcy or other dissolution of a general partner, any remaining general partner(s) shall have the right to continue the business of the partnership under the same name alone or in conjunction with any other person or persons they may select.

FILED
STATE
SECRETARY OF STATE
05/20/00 PM 3:01

IN WITNESS WHEREOF we have herunto set our hands and seals
this 19th day of April, 1995.

GATEWAY FLEX CORPORATION as
General Partner

By: [Signature]
Oscar Hidalgo, President

STATE OF FLORIDA)
) : ss.
COUNTY OF DADE)

Having duly been sworn according to law, Oscar Hidalgo, as the
president of GATEWAY FLEX CORPORATION, deposes and certifies that
it is the general partner named in the foregoing Certificate of
Partnership and that the facts set forth therein are true and
correct.

My commission expires: [Signature]



Notary Public

Personally known to me/identification produced: _____

F:\DATA\WP60\DELGADO\ANEZ\CERT1.LTD
0no2()



MARK S. HANKINS
COMMISSION # CC 377003
EXPIRES MAY 31, 1998
ATLANTIC BUSINESS CO., INC.

FILED STATE
SECRETARY OF RECORDS
DIVISION OF RECORDS
95 APR 20 PM 3:51

EXHIBIT A

<u>Partner</u>	<u>Status</u>	<u>% Interest</u>	<u>Contribution</u>
GATEWAY FLEX CORPORATION	General	1%	\$0
EDMUNDO ALIEGRO	Limited	33%	\$10,000
ARTURO MARQUEZ	Limited	33%	\$10,000
OSCAR HIDALGO	Limited	33%	\$10,000

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 20 PM 3: 57

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 20 PM 3:57

AFFIDAVIT OF CAPITAL CONTRIBUTIONS OF LIMITED PARTNERS
OF
GATEWAY FLEX, LTD.

THIS AFFIDAVIT OF LIMITED PARTNERSHIP of Gateway Flex, Ltd. is made as of the 19th day of April, 1995 by OSCAR HIDALGO, as the President of Gateway Flex, Inc., a Florida corporation, as the general partner of the Partnership (the "General Partner"), who after being duly sworn according to law deposes and states as follows:

1. Each Limited Partner has contributed the amount of his initial Capital Contribution as shown below:

EDMUNDO ALIEGRO	Limited Partner	\$10,000
ARTURO MARQUEZ	Limited Partner	\$10,000
OSCAR HIDALGO	Limited Partner	\$10,000

2. Each Limited Partner is anticipated to contribute additional capital contributions as shown below:

EDMUNDO ALIEGRO	Limited Partner	\$0
ARTURO MARQUEZ	Limited Partner	\$0
OSCAR HIDALGO	Limited Partner	\$0

GATEWAY FLEX CORPORATION,
as the General Partner

By: [Signature]
Oscar Hidalgo, President

STATE OF FLORIDA)
 : ss.
COUNTY OF DADE)

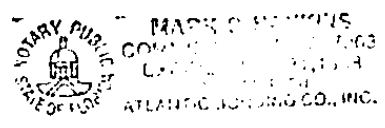
Having duly been sworn according to law, Oscar Hidalgo, as the president of GATEWAY FLEX CORPORATION, deposes and certifies that it is the general partner named in the foregoing Certificate of Partnership and that the facts set forth therein are true and correct.

My commission expires:

[Signature]
Notary Public

Personally known to me/identification produced: _____

F:\DATA\WP60\DELGADO\ANEZ\AFF.LTD
anez()



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
Gandhi Martham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 DEC 18 PM 2:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership
LAUREL ENTERPRISES, LIMITED PARTNERSHIP *QL-AR*

1a. DOCUMENT #
A95000000461

Mailing Address
**489 W. MINNEHAHA AVE.
CLERMONT FL 34711**

Principal Office Address
**489 W. MINNEHAHA AVE.
CLERMONT FL 34711**

2. How Mailing Address, if Applicable
State, Apt. # etc. **P.O. Box 91085**
City, State & Zip **LAKELAND, FL. 33804**

2a. How Principal Office Address, if Applicable
State, Apt. # etc.
City, State & Zip

3. Date Formed or Registered in the State of Florida
03/21/1995

3a. Date of Last Report

4. State of Location of Formation
FL

5a. Capital Contributions as Stated on Record
\$31,500.00

5b. Amount of Capital Contributions in Florida to date
\$31,500.00

6. FEI Number
59-3310081

7. CERTIFICATE OF STATUS REQUIRED
Applicant For
Not Applicable

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 607.103, F.S.)
THE AMOUNT DUE SHALL BE NO LESS THAN \$191.25 (\$52.50 + \$138.75) AND NO MORE THAN \$570.25 (\$437.50 + \$138.75)
If the amount entered in 5b is greater than amount of fees in 6, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.
NOTE: CHECK PAYABLE TO FLORIDA DEPT. OF STATE

9. Name and Address of Current Registered Agent
**TARA FINANCIAL SERVICES, INC.
487 W. MINNEHAHA AVE
CLERMONT FL 34711**

10. If changed, new Registered Agent/Office
Name
Principal Address (P.O. Box Number is Not Accepted) **PO BOX 1573217
-1270045-01073-011**
State, Apt. # etc. ******361.75 ****361.75**
City **FL** Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, 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 sections 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)
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. Registered Document Number
DECUBELLIS, STEPHEN JR	139 CONNIE LEE COURT	LAKELAND FL 33809	

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)(B), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with section 119.07(1)(a) 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 effect as if made under oath. I further certify that, as a General Partner of this limited partnership, receiver or trustee, I am permitted to file this report as required by chapter 620, Florida Statutes.

SIGNATURE *[Signature]* DATE **12-10-95**
STEPHEN DECUBELLIS, JR. Telephone Number **(804) 594-5984**

CR2E003 (6-95)