1201 Hays Street
Tallahassee, FL 32301
904-222-9171
800-342-8036

A95000001061

CSC networks
PRENTICE HALL
LEGAL & FINANCIAL SERVICES

RECEIVED
JUL 13 PM 1:12
DIVISION OF CORPORATION

ACCOUNT NO. : 072100000032

REFERENCE : 641345 4656B

AUTHORIZATION : Patricia Pigott

COST LIMIT : $ 1837.50

ORDER DATE : July 13, 1995

ORDER TIME : 12:52 PM

ORDER NO. : 641345

CUSTOMER NO: 4656B 300001537453

CUSTOMER: Kristy Hair, Legal Assistant
GREENBERG TRAURIG HOFFMAN
LIPOFF ROSEN & QUENTEL, P. A.
15th Floor
515 East Las Olas Boulevard
Fort Lauderdale, FL 33301

345AU0073944

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL 13 PM 1:23

DOMESTIC FILING

NAME: ASD VENTURES, LTD.

Buck,
We need today's file date on this filing and will send you the original tomorrow
Thanks
Karen

____ ARTICLES OF INCORPORATION
XXX CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XXX CERTIFIED COPY
____ PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Karen B. Rozar

EXAMINER'S INITIALS: _____

404,750.

1750
35.
52.50

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL 13 PM 1:23

CERTIFICATE OF LIMITED PARTNERSHIP
OF
ASD VENTURES, LTD.

Pursuant to the provisions of the Florida Revised Uniform Limited Partnership Act (1986), and Section 620.108 of the Florida Statutes, the undersigned, being all of the General Partners of ASD VENTURES, LTD., hereby duly executes and files with the Florida Secretary of State this Certificate of Limited Partnership.

1. The name of the limited partnership is ASD Ventures, Ltd.

2. The business address and the mailing address of the limited partnership is 2601 Heron Lane North, Clearwater, Florida 34622.

3. The name of the registered agent for service of process required by Section 620.105 of the Florida Statutes is:

Lisa Iglesias

4. The Florida street address for the registered agent is:

515 East Las Olas Boulevard
Suite 1500
Fort Lauderdale, Florida 33301

5. **Acceptance of Appointment of Registered Agent:**

Having been named the statutory registered agent of ASD Ventures, Ltd., at the place designated in this Certificate of Limited Partnership of ASD Ventures, Ltd., I hereby accept such designation and confirm that I am familiar with and agree to accept the obligations imposed by Chapter 620.192 of the Florida Statutes and I agree to comply with the provisions of Florida Law relative to keeping the registered office open.

Lisa Iglesias
LISA IGLESIAS, Registered Agent
Dated: July 13, 1995

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

ASD Ventures, Inc.
2601 Heron Lane North
Clearwater, Florida 34622 p95000053971

FTL\[illegible]

7. The latest date on which the limited partnership is to dissolve is December 31, 2044.

IN WITNESS WHEREOF, the General Partner has executed the foregoing Certificate of Limited Partnership on this 13th day of July, 1995 in accordance with Section 620.114 of the Florida Statutes.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL 13 PM 1:23

ASD VENTURES, INC., a Florida corporation

By: _____
Larry J. Harris, President

Attest: _____
Ronald Miller, Secretary

7. The latest date on which the limited partnership is to dissolve is December 31, 2044.

IN WITNESS WHEREOF, the General Partner has executed the foregoing Certificate of Limited Partnership on this 12th day of July, 1995 in accordance with Section 620.114 of the Florida Statutes.

ASD VENTURES, INC., a Florida corporation

By: _____
Larry J. Harris, President

Attest: Ronald Miller
Ronald Miller, Secretary

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL 13 PM 1:23

FTL\CORPORD\10883 17.1\07/11/95

STATE OF FLORIDA)
) SS:
COUNTY OF DADE)

The foregoing instrument was acknowledged before me this 13th day of July, 1995 by Larry J. Harris in his capacity as President of ASD Ventures, Inc. The aforesaid Larry J. Harris personally appeared before me, is personally known to me or produced _____ as identification, and ~~[did]~~ [did not] take an oath.

[NOTARIAL SEAL]

WENDY J STEVENS
Notary Public
STATE OF FLORIDA
My Comm Exp12/30/95
BONDED

Notary: Wendy J Stevens CC175982
Print Name: Wendy J. Stevens
Notary Public, State of FLORIDA
My commission expires: 12/30/95

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL 13 PM 1:23

STATE OF _____)
) SS:
COUNTY OF _____)

The foregoing instrument was acknowledged before me this __ day of _____, 1995 by Ronald Miller in his capacity as Secretary of ASD Ventures, Inc. The aforesaid Ronald Miller personally appeared before me, is personally known to me or produced _____ as identification, and [did] [did not] take an oath.

[NOTARIAL SEAL]

Notary: _____
Print Name: _____
Notary Public, State of _____
My commission expires: _____

FTL\CORCHEK\100017.1\07/13/95

STATE OF _____)
) SS:
COUNTY OF _____)

The foregoing instrument was acknowledged before me this __ day of _____, 1995 by Larry J. Harris in his capacity as President of ASD Ventures, Inc. The aforesaid Larry J. Harris personally appeared before me, is personally known to me or produced _____ as identification, and [did] [did not] take an oath.

[NOTARIAL SEAL]

Notary: _____
Print Name: _____
Notary Public, State of _____
My commission expires: _____

FILED
SECRETARY OF STATE
CORPORATIONS
95 JUL 13 PM 1:23
TALLAHASSEE, FLORIDA

Commonwealth
~~STATE~~ OF Pennsylvania)
) SS:
COUNTY OF Philadelphia)

The foregoing instrument was acknowledged before me this 12th day of July, 1995 by Ronald Miller in his capacity as Secretary of ASD Ventures, Inc. The aforesaid Ronald Miller personally appeared before me, is personally known to me or produced _____ as identification, and [~~did~~] [did not] take an oath.

[NOTARIAL SEAL]

Notary: Helen M. Henofer
Print Name: HELEN M. HENOFER
Notary Public, State of Pennsylvania
My commission expires: _____

NOTARIAL SEAL
HELEN M. HENOFER, Notary Public
City of Philadelphia, Phila. County
My Commission Expires Jan. 3, 1998

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL 13 PM 1:23

AFFIDAVIT

BEFORE ME, the undersigned constituting all of the general partners of **ASD VENTURES, LTD.**, a Florida limited partnership, certifies as follows:

1. The initial Limited Partners of ASD Ventures, Ltd. have contributed $404,750 to the Partnership as their capital contributions.

2. The initial Limited Partners anticipate making no additional capital contributions other than the contributions stated above.

FURTHER AFFIANT SAYETH NAUGHT.

Under 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.

ASD VENTURES, INC., a Florida corporation

By: Larry J. Harris, Pres.
Larry J. Harris, President

Attest: _____
Ronald Miller, Secretary

AFFIDAVIT

BEFORE ME, the undersigned constituting all of the general partners of ASD VENTURES, LTD., a Florida limited partnership, certifies as follows:

1. The initial Limited Partners of ASD Ventures, Ltd. have contributed $404,750 to the Partnership as their capital contributions.

2. The initial Limited Partners anticipate making no additional capital contributions other than the contributions stated above.

FURTHER AFFIANT SAYETH NAUGHT.

Under 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.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL 13 PM 1:23

ASD VENTURES, INC., a Florida corporation

By: _____
Larry J. Harris, President

Attest: Ronald L. Miller Secy.
Ronald Miller, Secretary

STATE OF FLORIDA)
) SS:
COUNTY OF DADE)

The foregoing instrument was acknowledged before me this 13th day of July, 1995 by Larry J. Harris in his capacity as President of ASD Ventures, Inc. The aforesaid Larry J. Harris personally appeared before me, is personally known to me or produced _____ as identification, and ~~[did]~~ [did not] take an oath.

[NOTARIAL SEAL]
Notary Public STATE OF FLORIDA My Comm Exp 12/30/95 BONDED

Notary: Wendy J Stevens CC173081
Print Name: Wendy J. Stevens
Notary Public, State of FLORIDA
My commission expires: 12/30/95

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL 13 PM 1:23

STATE OF _____)
) SS:
COUNTY OF _____)

The foregoing instrument was acknowledged before me this _____ day of _____, 1995 by Ronald Miller in his capacity as Secretary of ASD Ventures, Inc. The aforesaid Ronald Miller personally appeared before me, is personally known to me or produced _____ as identification, and [did] [did not] take an oath.

[NOTARIAL SEAL]

Notary: _____
Print Name: _____
Notary Public, State of _____
My commission expires: _____

FTL\CORP\100217.1\07/11/95

STATE OF _____)
) SS:
COUNTY OF _____)

The foregoing instrument was acknowledged before me this __ day of _____, 1995 by Larry J. Harris in his capacity as President of ASD Ventures, Inc. The aforesaid Larry J. Harris personally appeared before me, is personally known to me or produced _____ as identification, and [did] [did not] take an oath.

[NOTARIAL SEAL]

Notary: _____
Print Name: _____
Notary Public, State of _____
My commission expires: _____

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL 13 PM 1:23

Commonwealth
STATE OF Pennsylvania)
) SS:
COUNTY OF Philadelphia)

The foregoing instrument was acknowledged before me this 12th day of July, 1995 by Ronald Miller in his capacity as Secretary of ASD Ventures, Inc. The aforesaid Ronald Miller personally appeared before me, is personally known to me or produced _____ as identification, and ~~[did]~~ [did not] take an oath.

[NOTARIAL SEAL]

Notary: Helen M. Henoeer
Print Name: HELEN M. HENOEER
Notary Public, State of Pennsylvania
My commission expires: _____

NOTARIAL SEAL
HELEN M. HENOEER, Notary Public
City of Philadelphia, Phila. County
My Commission Expires Jan. 3, 1998

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 JAN -3 AM 8:36

1. Name of Limited Partnership

ASD VENTURES, LTD.

1a. DOCUMENT # **A95000001061**

CP1/10 DO NOT WRITE IN THIS SPACE

Mailing Address
2891 HERON LAKE NORTH
CLEARWATER FL 34622

Principal Office Address
2891 HERON LAKE NORTH
CLEARWATER FL 34622

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

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

3. Date Formed or Registered to Do Business in FLORIDA **07/13/1995**

3a. Date of Last Report

4. State or Country of Formation **FL**

5a. Capital Contributions as Shown on Record **$404,750.00**

5b. Amount of Capital Contributions in FLORIDA to date

6. FEI Number **59-3336393**

Applied For

Not Applicable

7. CERTIFICATE OF STATUS REQUIRED [redacted]

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

IGLESIAS, LISA
515 EAST LAS OLAS BLVD., SUITE 1900
FORT LAUDERDALE FL 33301

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 620.192, 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 section 620.192, 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
ASD VENTURES, INC.	**2891 HERON LAKE NORTH**	**CLEARWATER FL 34622**	**P95000053971**

500001685765
-01/10/96--01155--023
****576.25 ****576.25

CR2E003 (6/95)

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 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 or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE ASD Ventures, Inc. By Ronald L. Miller V. Pres. DATE 12-28-95

Typed or Printed Name of General Partner Signing Form ASD Ventures, Inc. By Ronald L. Miller V. Pres. Telephone Number 813-573-6047

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