CAPITAL CONNECTION, INC. 417 E. Virginia St., Suite 1, Tallahagere, FL 32301, (904)224-8870	
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Past 30 Days, 16% per Annum,

Your Capital Connection

### CERTIFICATE OF LIMITED PARTNERSHIP

OF

#### HIXIE HOLDINGS, LTD.

The undersigned Partners hereby make and file this Certificate of Limited Partnership for Hixie Holdings, Ltd., hereinafter referred to as the Partnership.

- 1. Name of Partnership. The name of the Partnership is Hixie Holdings, Ltd.
- Character of Business. The business and purpose of the Partnership is to form a partnership amongst the members of the Stephens family to acquire, own, operate, and dispose of Investments; to operate Investments with a view to generating Distributions or capital appreciation; to provide structured and centralized management within the Stephens family; to educate members of the Stephens family as to business and investment matters, so that the Partnership's management may perpetuate the businesses and investment purposes of the Partnership utilizing principles established by its founder, Michael F. Stephens, throughout its term; to offer a vehicle for optional and continued investment by members of the Stephens family where diversity and economies of scale may be realized; to offer a vehicle for liquidation of a Partner's interest in the family held assets in the event disharmony among any particular Partner and other Partners develops; to insulate non-management Partners from liability; to perform any acts necessary or appropriate to accomplish the foregoing purposes; and to carry on such other activities in furtherance of any other purpose as is not prohibited by law.
- 3. Location of Principal Place of Business and Mailing Address. The principal place of business, and mailing address, of the Partnership shall be located at 12395 Banyan Road, North Palm Beach, Florida 33408, or at such other place or places as the General Partners may, from time to time, determine. The above listed address will also be the mailing address.
- 4. Registered Agent. The initial registered agent of the Partnership shall be Hixie Ann Stephens, whose address is 12395 Banyan Road, North Palm Beach, Florida 33408.
- 5. Name and Place of Residence of General Partner. The name and address of the General Partner is:

Stephens Management, Inc. 12395 Banyan Road North Palm Beach, Florida 33408

p45000051894

6. Term. The Partnership and the limitation of liability of the Limited Partners shall commence on the date on which this Certificate of Limited partnership is filed with the Florida Department of State. The Partnership shall continue until December 31, 2017, unless sooner terminated as provided in the Agreement of Limited Partnership.

IN WITNESS WHEREOF, the parties have hereunto set their hands and seals on the 13th day of July, 1995.

GENERAL PARTNER

STEPHENS MANAGEMENT, INC.

(SEAL)

Bv:

Michael F. Stephens

President

ATTEST:

Hixie Ann Stephens,

Secretary

#### CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN PLORIDA, MAKING AGENT UPON MICH PROCESS MAY BE SERVED

In compliance with Florida Statutes, the following is submitted:

Hixie Holdings, Ltd., a Florida limited partnership, desiring to organize under the laws of the State of Florida, with its of principal place of business as indicated in the foregoing Certificate of Limited Partnership, State of Florida, has named Hixie Ann Stephens, located at 12395 Banyan Road, North Palm Beach, Florida 33408, as its agent to accept service of process within Florida, and as its Statutory Registered Agent.

#### ACKNOWLEDGEMENT AND ACCEPTANCE

Having been named to accept service of process for the above stated Limited Partnership, at the place designated in this Certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.

DATE:	7-13-	95			
			1/1	1)4	, /
			Hixie Ann	Stephens,	lephens
			Registered	l Agént	

STATE OF FLORIDA COUNTY OF PALM BEACH

The foregoing instrument was acknowledged before me this 13th day of July, 1995, by Hixie Ann Stephens.

OFFICIAL NOTARY SEAL
BARBARA A ZALEY
NOTARY PUBLIC STATE OF FLORIDA
COMMISSION NO. CC409328
MY COMMISSION EXP. SEPT 22,1990

Barbara A, Zaley
Notary Public, State of Florida
Commission No. <u>cc409328</u>
My commission expires: 9/22/98

sulars O. Zales

Personally known OR Produced Identification X

Type of Identification Produced Florida drivers license

# APPIDAVIT REGARDING CAPITAL CONTRIBUTION OF LINITED PARTNERS OF

HIXIE HOLDINGS, LTD.

STATE OF FLORIDA

COUNTY OF PALM BEACH

BEFORE ME, the undersigned authority, personally appeared, Michael F. Stephens, as President of Stephens Management, Inc. of the General Partner of Hixie Holdings, Ltd., who was sworn and says the Limited Partners' capital contributions that are anticipated are as follows:

Limited Partners

Capital Contribution

Michael F. Stephens
Hixie Ann Stephens

An estimated \$100,000 of additional contributions are anticipated.

GENERAL PARTNER STEPHENS MANAGEMENT, INC.

Michael F. Stephens,
President

STATE OF FLORIDA COUNTY OF PALM BEACH

The foregoing instrument was acknowledged before me this 13th day of July, 1995, by Michael F. Stephens.

OFFICIAL NOTARY SEAL
BARBARA A ZALEY
NOTARY PUBLIC STATE OF FLORIDA
COMMISSION NO. CC409328
MY COMMISSION EXP. SEPT 22,1998

Burbara a haley

Barbara A. Zaley
Notary Public, State of Florida
Commission No. CC409328

My commission expires: 9/22/98

Personally known OR Produced Identification X
Type of Identification Produced Florida drivers license

## FILE ON OR BEFORE DECEMBER 31, 1986 OR PARTHERSMP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNE ANNUAL REP 95 DEC 26 PH 4: 37 SECRETARY OF STATE
TALLAHASSEE, FLORIDA 1. Name of Limited Perinaratup A95000001074 DO NOT WRITE IN THIS SPACE HOUE HOLD/NGS, LTD. 2. New Mailing Address, If Applicable Sure, Apr. 6, etc Principal Office Address Markog Address City, State & Zip 1200 BANYAN ROAD 2005 GANTING ROAD HORTH PALM WEACH FL MAN HORTH PALM BEACH FL SOCK 28. New Principal Office Address, fl Applicable Suite, Apt #, MC. If above addresses are incorrect in any way, line through the incorrect information and enter crizrect address in Block 2 audior 2a Chy. State & Zip 4. State or Country of Formulion 3a. Date of Last Report 3. Date Formed or Registered to Do Business in 07/17/1985 7. CERTIFICATE OF STATUS REQUIRED 5b. Amount of Capital Contributions in FLORIDA to date: FEI Number Applied For 5a. Capital Contributions as Shown or Record Not Applicable \$1,900,000.00 FEES: 1.) Filing Fee: Computed at a rate of \$7 per \$1,000 on emount entered in 50 or 5e if 5b if sink, with a minimum filing fee of \$52.50 and a maximum of \$497.50
2.) Supplemental Fee \$138.75 (pursuant to section 607.183, F.5.)
THE ANOUNT DUE SHALL BE NO LESS THAN \$191.25 (\$52.50 + \$138.75) AND NO MORE THAN \$576.25 (\$437.50 + \$138.75)

Note: Note: If the amount entered in 5b is greater than amount entered in 5a, a supplemental attidavit must be submitted along with a separate and appropriate filing fee MAKE CHECK PAYABLE TO FLORIDA DEPT. OF STATE. 10. It changed, new Registered Agent/Office 9. Name and Address of Current Registered Agent Street Address (P.O. Box Number Is Not Acceptable) STEPHENS, HOME ANN 1235 ENN'AN ROAD Suite, Apt. #, otc. NORTH PALM BEACH FL 33460 Zip Code Crty 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 of 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 10a. agent I am familiar with, and accept the obligations of section 620, 192, Florida Statutes A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY SIGNATURE (Registered Agent Accepting Apprintment) 11c. Registration/ Document Number Address of Each General Partner

(Do NOT Use Post Office Box Numbers) City, State & Zip Code 116. Name(s) of General Partner(s) 11. PRECORDS: 884 NORTH PALM BEACH FL 3 12365 BANYAN ROAD STEPHENS MANAGEMENT, INC. 300001684103 -01/10/96--01054--011 \*\*\*\*576.25 \*\*\*\*576.25 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 th. In armation supplied with this filing is voluntarily turnished and does not qualify for the exemption stated in Section 119 07(3)(4). Florida Statutes, I release the Division of Corporations from any liability of non-compliance with Section 119 07(3)(k) in the event that the information supplied is deemed exempt from public access if further certify that the information indicated in a supplied is deemed exempt from public access. I further certify that I am a General Partner of the limited partnership, receiver or trustee this annual report is true and accurate and that my eignature shall have the same legal effects as if made under-sath. I further certify that I am a General Partner of the limited partnership, receiver or trustee.

Michael F. Stephens, President of Stephens Management, Inc.

General Partner

SIGNATURE / Vicker

Typed or Printed Name of General Partner Signing Form

DATE (407) 626-2298

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