

1201 HAYS STREET  
TALLAHASSEE, FL 32301  
904-222-9171  
904-222-9397 FAX

800-342-8086



**A95000001536**

FILED IN STATIONS  
SECRETARY OF CORPORATIONS  
95 OCT 12 PM 1:35

ACCOUNT NO. : 072100000032

REFERENCE : 707232 5310A

AUTHORIZATION :

COST LIMIT : 9 PREPAID

ORDER DATE : October 12, 1995

ORDER TIME : 9:41 AM

ORDER NO. : 707232

500001611565  
-10/16/95--01024--032  
\*\*\*1837.50 \*\*\*1837.50

CUSTOMER NO: 5310A

CUSTOMER: Jackson Boggs, Esq  
FOWLER WHITE GILLEN BOGGS  
VILLAREAL & BANKER, P.A.  
P. O. Box 1438

Tampa, FL 33601

FILED \_\_\_\_\_  
FILING \_\_\_\_\_ 1750.00  
R. AGENT FEE \_\_\_\_\_ 35.00  
C. COPY \_\_\_\_\_ 52.50  
TOTAL \_\_\_\_\_ 1837.50  
N. BANK \_\_\_\_\_  
BALANCE DUE \_\_\_\_\_  
REFUND \_\_\_\_\_

DOMESTIC FILING

NAME: TONY FERNANDEZ ENTERPRISES,  
LTD.

XX ARTICLES OF INCORPORATION  
\_\_\_\_ CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY  
\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Lori R. Dunlap

EXAMINER'S INITIALS:

10/12/95  
BKC

RECEIVED

OCT 12 1995

**CERTIFICATE OF LIMITED PARTNERSHIP**  
**TONY FERNANDEZ ENTERPRISES, LTD.**

In accordance with Florida Statute Section 620.108, this Certificate of Limited Partnership shall be filed with the Department of State of Florida, setting forth the following:

1. **Name.** The name of this limited Partnership shall be "Tony Fernandez Enterprises, Ltd."

2. **Registered Agent and Address.** The office and the name of the agent for service of process required to be maintained is as follows:

Anthony A. Fernandez  
4600 North Habana Avenue  
Suite 16  
Tampa, Florida 33614

3. **General Partner.** The name and business address of each general partner is:

Anthony A. Fernandez  
4600 North Habana Avenue, Suite 16  
Tampa, Florida 33614

Stacy R. Fernandez  
3509 West Palmira Avenue  
Tampa, Florida 33629


Kimberly K. Fernandez  
4214 West Palmira Avenue  
Tampa, Florida 33629

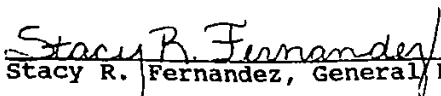
Cheryl L. Fernandez  
10200 Gandy Boulevard, #1329  
St. Petersburg, Florida 33702


4. **Mailing Address.** The principal office and mailing address of the limited partnership is:

4600 North Habana Avenue, Suite 16  
Tampa, Florida 33614

5. **Termination Date.** The latest date upon which the limited partnership is to dissolve is December 31, 2045.

  
Anthony A. Fernandez, General Partner

  
Stacy R. Fernandez, General Partner

  
Kimberly K. Fernandez, General Partner

  
Cheryl L. Fernandez, General Partner

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
OCT 12 PM 1:35

STATE OF FLORIDA  
COUNTY OF HILLSBOROUGH

The foregoing instrument was acknowledged before me this 9<sup>th</sup> of September, 1995, by ANTHONY A. FERNANDEZ, who is personally known to me or who has produced Id as identification.

Vickie G. Wilmouth  
Print Name Vickie G. Wilmouth

[SEAL]

"NOTARY PUBLIC"

My Commission Expires:



VICKIE G WILMOUTH  
My Commission CC301787  
Expires Jul. 13, 1997  
Bonded by ANB  
800-852-5878

STATE OF FLORIDA  
COUNTY OF HILLSBOROUGH

The foregoing instrument was acknowledged before me this 21<sup>st</sup> of September, 1995, by STACY R. FERNANDEZ, who is personally known to me or who has produced personally known as identification.

Helen B. Sturiale  
Print Name HELEN B. STURIALE

[SEAL]

"NOTARY PUBLIC"

My Commission Expires:



Helen B. Sturiale  
MY COMMISSION # 88496821 EXPIRES  
August 22, 1999  
BONDED THRU TROY FAIR INSURANCE, INC.

STATE OF FLORIDA  
COUNTY OF HILLSBOROUGH

The foregoing instrument was acknowledged before me this 22<sup>nd</sup> of September, 1995, by KIMBERLY K. FERNANDEZ, who is personally known to me or who has produced personally known as identification.

Helen B. Sturiale  
Print Name HELEN B. STURIALE

[SEAL]

"NOTARY PUBLIC"

My Commission Expires:



Helen B. Sturiale  
MY COMMISSION # CC490821 EXPIRES  
August 22, 1999  
BONDED THRU TROY FAIR INSURANCE, INC.

STATE OF FLORIDA  
COUNTY OF PINELLAS

The foregoing instrument was acknowledged before me this 22nd  
of September, 1995, by CHERYL L. FERNANDEZ, who is personally  
known to me or who has produced personally known as identification.

Helen B. Sturiale  
Print Name H. L. B. STURIALE

[SEAL]

"NOTARY PUBLIC"

My Commission Expires:



Helen B. Sturiale  
MY COMMISSION # CC490821 EXPIRES  
August 22, 1999  
BONDED THRU TROY FARM INSURANCE, INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 OCT 12 PM 1:35

STATE OF FLORIDA  
COUNTY OF HILLSBOROUGH


FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 OCT 12 PM 1:35

**AFFIDAVIT OF GENERAL PARTNER**


BEFORE ME, THE UNDERSIGNED AUTHORITY, personally appeared ANTHONY A. FERNANDEZ, STACY R. FERNANDEZ, KIMBERLY K. FERNANDEZ and CHERYL L. FERNANDEZ, known to me to be the general partners of TONY FERNANDEZ ENTERPRISES, LTD., a Florida limited partnership, who, before me first duly sworn, declares as follows:

1. The amount of capital initially contributed to the Partnership by the limited partners is \$1,980.00.
2. The limited partners presently anticipate contributing additional funds to the Partnership; and the total amount contributed and anticipated to be contributed is \$5,000,000.00.

  
Anthony A. Fernandez, General Partner

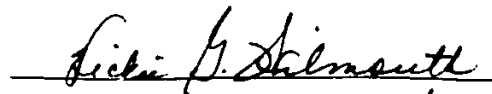
  
Stacy R. Fernandez, General Partner

  
Kimberly K. Fernandez, General Partner

  
Cheryl L. Fernandez, General Partner

STATE OF FLORIDA  
COUNTY OF HILLSBOROUGH

The foregoing instrument was acknowledged before me this 24<sup>th</sup> of September, 1995, by ANTHONY A. FERNANDEZ, who is personally known to me or who has produced AK as identification.

  
Print Name Vickie G. Wilmouth

[SEAL]

"NOTARY PUBLIC"

My Commission Expires:



VICKIE G WILMOUTH  
My Commission CC301767  
Expires Jul. 13, 1997  
Bonded by ANG  
800-652-5878

STATE OF FLORIDA  
COUNTY OF HILLSBOROUGH

The foregoing instrument was acknowledged before me this 21<sup>st</sup>  
of September, 1995, by STACY R. FERNANDEZ, who is personally  
known to me or who has produced personally known as identification.

[SEAL]

Print Name HELEN B. STURIALE

"NOTARY PUBLIC"

My Commission Expires:



Helen B. Sturiale  
MY COMMISSION # CC490821 EXPIRES  
August 22, 1999  
BONDED THRU TROY FAIR INSURANCE, INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
SEP 12 PM 1:35

STATE OF FLORIDA  
COUNTY OF HILLSBOROUGH

The foregoing instrument was acknowledged before me this 22<sup>nd</sup>  
of September, 1995, by KIMBERLY K. FERNANDEZ, who is  
personally known to me or who has produced personally known as  
identification.

[SEAL]

Print Name HELEN B. STURIALE

"NOTARY PUBLIC"

My Commission Expires:



Helen B. Sturiale  
MY COMMISSION # CC490821 EXPIRES  
August 22, 1999  
BONDED THRU TROY FAIR INSURANCE, INC.

STATE OF FLORIDA  
COUNTY OF PINELLAS

The foregoing instrument was acknowledged before me this 23<sup>rd</sup>  
of September, 1995, by CHERYL L. FERNANDEZ, who is personally  
known to me or who has produced personally known as identification.

[SEAL]

Print Name HELEN B. STURIALE

"NOTARY PUBLIC"

My Commission Expires:



Helen B. Sturiale  
MY COMMISSION # CC490821 EXPIRES  
August 22, 1999  
BONDED THRU TROY FAIR INSURANCE, INC.

FILE ON OR BEFORE NOVEMBER 31, 1995 OR PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND 50% PENALTY FEE

A9500001536

FILED

1995 OCT 23 AM 9:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership <b>TONY FERNANDEZ ENTERPRISES, LTD.</b>		1a. DOCUMENT # <b>A95000001536</b>	
Mailing Address <b>4600 North Habana Avenue Suite 16 Tampa, FL 33614</b>		Principal Office Address <b>4600 North Habana Avenue Suite 16 Tampa, FL 33614</b>	
2. New Mailing Address, If Applicable Suite, Apt. #, etc. <b>800001626668</b> <b>-11/02/95--01059--014</b> City, State & Zip <b>****191.25 ****191.25</b>		2a. New Principal Office Address, If Applicable Suite, Apt. #, etc.	
3. Date Formed or Registered to Do Business in <b>FLORIDA</b> <b>10/12/1995</b>		3a. Date of Last Report <b>N/A</b>	
4. State or Country of Formation <b>FL</b>		City, State & Zip	
5a. Capital Contributions as Shown on Record <b>\$5,001,980.00</b>		5b. Amount of Capital Contributions in FLORIDA to date <b>\$1,980.00</b>	
6. FEI Number <b>X</b> Applied For Not Applicable		7. CERTIFICATE OF STATUS REQUIRED <input type="checkbox"/>	
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 <b>FERNANDEZ, ANTHONY A. 4600 North Habana Avenue Suite 16 Tampa, FL 33614</b>		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City, State & Zip <b>FL</b> 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), 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 _____			
<b>A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b>			
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
FERNANDEZ, ANTHONY A.	4600 N. Habana, St. 16	Tampa, FL	<b>AR - \$52.50</b> <b>SF - \$138.75</b> <b>10/27/95a</b>
FERNANDEZ, STACY R.	3509 W. Palmira Ave.	Tampa, FL	
FERNANDEZ, KIMBERLY K.	4214 W. Palmira Ave.	Tampa, FL	
FERNANDEZ, CHERYL L.	10200 Gandy Blvd. #1329	St. Petersburg, FL	
<b>Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.</b>			
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)(K), 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. 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 <b>Anthony A. Fernandez</b>		DATE <b>10/20/95</b> Telephone Number <b>(813) 876-0502</b>	

CR2E003 (6/95)