CSC networks
PRENTICE HALL
LEGAL & FINANCIAL SERVICES

1201 HAYS STREET
TALLAHASSEE, FL 32301
904-222-9171
904-222-0[illegible] FAX

800-342-8036

A95000001740

[illegible] NOV 17 AM 11:35
DIVISION OF CORPORATION

ACCOUNT NO. : 072100000032

REFERENCE : 739310 132254A

AUTHORIZATION : Patricia Pyjut

COST LIMIT : $ 119.00

ORDER DATE : November 17, 1995

ORDER TIME : 10:36 AM

ORDER NO. : 739310

800001640698

CUSTOMER NO: 132254A

CUSTOMER: Sue Thomas, Legal Asst
BRONSTEIN CARLSON GLEIM &
SMITH, P.A.
Suite 1100
150 Second Avenue, North
St. Petersburg, FL 33701

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 NOV 17 PM 1:32

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 NOV 17 PM 7:39

DOMESTIC FILING

NAME: POSSICK FAMILY ENTERPRISES, LTD.

____ ARTICLES OF INCORPORATION
XX CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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

CONTACT PERSON: Lori R. Dunlap

EXAMINER'S INITIALS: BK

11/17/95

CERTIFICATE OF LIMITED PARTNERSHIP
OF
POSSICK FAMILY ENTERPRISES, LTD.

The undersigned General Partners, desiring to form a limited partnership pursuant to the Florida Revised Uniform Limited Partnership Law as set forth in Section 620.108 of the Florida Statutes, hereby state as follows:

1. The name of the partnership shall be POSSICK FAMILY ENTERPRISES, LTD. (the "Partnership").

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2. The address of the office of the Partnership is:

9967 57th Avenue North
St. Petersburg, Florida 33708

3. The name and address of the agent for service of process on the Partnership are as follows:

Charles G. Possick
9967 57th Avenue North
St. Petersburg, Florida 33708

4. The name and business address of each General Partner are as follows:

NAME	ADDRESS
Charles G. Possick	9967 57th Avenue North St. Petersburg, FL 33708
Karen K. Possick	9967 57th Avenue North St. Petersburg, FL 33708

5. The mailing address of the Partnership is:

9967 57th Avenue North
St. Petersburg, Florida 33708

6. The latest date upon which the Partnership shall dissolve is December 31, 2010, unless sooner terminated as provided in the Limited Partnership Agreement of Possick Family Enterprises, Ltd., dated November 16, 1995, or by law.

The execution of this Certificate of Limited Partnership by the undersigned constitutes an affirmation under the penalties of perjury that the facts stated herein are true and correct.

IN WITNESS WHEREOF, the undersigned, constituting the General Partners of POSSICK FAMILY ENTERPRISES, LTD., has executed this Certificate of Limited Partnership of Possick Family Enterprises, Ltd., on this 16th day of November, 1995.

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DIVISION OF CORPORATIONS

GENERAL PARTNER:

Charles G. Possick

Karen S. Possick

STATE OF FLORIDA
COUNTY OF PINELLAS

The foregoing was acknowledged before me this 16th day of November, 1995, by Charles G. Possick, who produced a Florida Driver's License as identification.

Print Name: Dolores M. Giampapa
Notary Public
My commission expires:
Commission Number:

DOLORES M. GIAMPAPA
MY COMMISSION # CC 235361
EXPIRES: November 16, 1998
Bonded Thru Notary Public Underwriters

STATE OF FLORIDA
COUNTY OF PINELLAS

The foregoing was acknowledged before me this 16th day of November, 1995, by Karen S. Possick, who produced a Florida Driver's License as identification.

Print Name: Dolores M. Giampapa
Notary Public
My commission expires:
Commission Number:

DOLORES M. GIAMPAPA
MY COMMISSION # CC 235361
EXPIRES: November 16, 1998
Bonded Thru Notary Public Underwriters

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

The undersigned, having been named as Registered Agent for Possick Family Enterprises, Ltd., a Florida limited partnership in the foregoing Certificate of Limited Partnership, hereby agrees to accept service of process for the Partnership and to comply with any and all Florida Statutes relative to the complete and proper performance of the duties of Registered Agent.

Charles G. Possick
REGISTERED AGENT

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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AFFIDAVIT OF CAPITAL CONTRIBUTIONS

The undersigned, constituting the General Partners of Possick Family Enterprises, Ltd., a Florida limited partnership (the "Partnership"), upon being duly sworn, state and certify as follows:

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

1. The amount of initial capital contributions to the Partnership made by the initial Limited Partners is Twelve Thousand Dollars ($12,000.00).

2. The amount of additional capital contributions anticipated to be contributed by the Limited Partners is zero.

FURTHER AFFIANTS SAYETH NOT.

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.

DATED this 16th day of November, 1995.

GENERAL PARTNER

Charles G. Possick

Karen S. Possick

STATE OF FLORIDA
COUNTY OF PINELLAS

The foregoing instrument was sworn to and acknowledged before me this 16 day of November, 1995 by Charles G. Possick, as a General Partner of Possick Family Enterprises,

Ltd., a Florida limited partnership, on behalf of the partnership. He produced a Florida Driver's License as identification.

Print Name: Dolores M. Giampapa
NOTARY PUBLIC
My commission expires:
Commission Number:

DOLORES M. GIAMPAPA
MY COMMISSION # CC 235361
EXPIRES: November 16, 1996
Bonded Thru Notary Public Underwriters

STATE OF FLORIDA
COUNTY OF PINELLAS

The foregoing instrument was sworn to and acknowledged before me this 16th day of November, 1995 by Karen S. Possick, as a General Partner of Possick Family Enterprises, Ltd., a Florida limited partnership, on behalf of the partnership. He produced a Florida Driver's License as identification.

Print Name: Dolores M. Giampapa
NOTARY PUBLIC
My commission expires:
Commission Number:

DOLORES M. GIAMPAPA
MY COMMISSION # CC 235361
EXPIRES: November 16, 1996
Bonded Thru Notary Public Underwriters

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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FILE ON OR BEFORE DECEMBER 31, YOUR ER [illegible]
WILL BE SUBJECT TO REVOCATION AND $500 PENALTY FEE

A95000001740

19 [illegible] DIVISION OF CORPORATIONS

FILED
95 DEC 14 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Name of Limited Partnership

Possick Family Enterprises, Ltd.

1a. DOCUMENT # A95000001740

96-AR
CUS

2. New Mailing Address If Applicable

Suite, Apt. #, etc

City, State & Zip

Mailing Address / Principal Office Address

9967 57th Avenue North
St. Petersburg, FL 33708

600001667456
-12/21/95--01018--002
****231.50 ****231.50

CM

2a. New Principal Office Address, If Applicable

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

Suite, Apt. #, etc

City, State & Zip

3. Date Formed or Registered to Do Business in FLORIDA	**3a.** Date of Last Report	**4.** State or Country of Formation
11/17/95	N/A	Florida

5a. Capital Contributions as Shown on Record	**5b.** Amount of Capital Contributions in FLORIDA to date	**6.** FEI Number		**7.** CERTIFICATE OF STATUS REQUIRED
$12,000.00	$12,000.00		X Applied For / Not Applicable	[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

Possick, Charles G.
9967 57th Avenue North
St. Petersburg, FL 33708

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 MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

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
Possick, Charles G.	9967 57th Avenue No.	St. Petersburg, FL 33708	
Possick, Karen S.	9967 57th Avenue No.	St. Petersburg, FL 33708	

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)(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 _____ DATE 12-11-95

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

CR2E003 (6/95)