996000000081

CAPITAL CONNECTION, INC.
417 E. Virginia ... Tallahassee ...
Mailing Address: Post Office ...
TOLL FREE ...
FAX (904) 222-122...

_____ of _____

RE: Tech Family Limited Partnership

NAME
FIRM
ADDRESS

PHONE ( )

Service: Top Priority _____ One Day Service Regular _____ Two Day Service

To us via _____ Return via _____

Matter No.: _____ Express Mail No. _____

State Fee $ _____ Our $ _____

	C.C. FEE.	DISBURSED
Capital Express℠		
Art. of Inc. File		
Corp. Record Search		
✓ Ltd. Partnership File		
Foreign Corp. File		
✓ ( ) Cert. Copy(s)		
Art. of Amend. File		
Dissolution/Withdrawal		
C U S		
Fictitious Name File		
Name Reservation		
Annual Report/Reinstatement		
Reg. Agent Service	300001689153	
Document Filing	-01/16/96--01018--008 ***1750.00	***1750.00
Corporate Kit	300001689153	
Vehicle Search	-01/16/96--01018--009	
Driving Record	*****87.50	*****87.50
Document Retrieval		
UCC 1 or 3 File		
UCC 11 Search		
UCC 11 Retrieval		
File No.'s, _____ Copies		
Courier Service		
Shipping/Handling		
Phone ( )		
Top Priority		
Express Mail Prep.		
FAX ( ) pgs.		
SUBTOTALS		

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 JAN 11 AM 11:58

RECEIVED
96 JAN 11 AM 10:20
DIVISION OF CORPORATIONS

BK 1/11/96.

C. TAX	
FILING	1750.00
R. AGENT FEE	35.00
C. COPY	52.50
TOTAL	$1,837.50
N. BANK	
BALANCE DUE	
REFUND	

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

REQUEST	TAKEN	CONFIRMED	APPROVED
DATE	1/11/96		
TIME	11:00		CK No.
BY	CD		

WALK-IN 1/11 12:00
Will Pick Up _____

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

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CERTIFICATE OF LIMITED PARTNERSHIP

1. Name: **PERRY FAMILY LIMITED PARTNERSHIP**

2. Address: **2500 N.E. 18th Terrace**
Gainesville, Florida 32609

3. Registered Agent: **CHARLES R. PERRY**

4. Street Address: **2500 N.E. 18th Terrace**
Gainesville, Florida 32609

5. Registered Agent Signature: _____

6. Mailing Address of Limited Partnership:

2500 N.E. 18th Terrace
Gainesville, Florida 32609

7. The latest date upon which the limited partnership is to be dissolved is: **December 31, 2020**

8. Name(s) of general partner(s) Street Address

CNP, INC., P96000002638 **2500 N.E. 18th Terrace**
a Florida Corporation **Gainesville, Florida 32609**

Under penalties of perjury I (we) declare that I (we) have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 10 *day of* JANUARY, 1996.

Signature of all general partners:

_____
CHARLES R. PERRY, President
CNP, INC.,
a Florida corporation

SOLE GENERAL PARTNER

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR FLORIDA LIMITED PARTNERSHIP

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The undersigned constituting all of the General Partners of the **PERRY FAMILY LIMITED PARTNERSHIP**, a Florida Limited Partnership, certify:

The amount of capital contributions to date of the Limited Partners is $ 0.00.

The total amount contributed and anticipated to be contributed by the limited partners at this time totals $1,770,000.00.

Signed this 10th day of JANUARY, 1996.

FURTHER AFFIANT SAYETH NOT.

Under penalties of perjury I (we) declare that I (we) have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

CHARLES R. PERRY, President
CNP, INC.,
a Florida corporation

SOLE GENERAL PARTNER