

A9600000020

CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870
 Mailing Address: Post Office Box 10349, Tallahassee, FL 32302
 TOLL FREE No. 1-800-342-8062
 FAX (904) 222-1222

RE:

FA moid, LTD

NAME _____
 FIRM _____
 ADDRESS _____

PHONE () _____

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

To us via _____ Return via _____

Mailor No.: _____ Express Mail No. _____

State Fee \$ _____ Our \$ _____

File 2nd

*\$945.00 - F.F.
CM*

C.C. FEE. DISBURSED

_____ Capital Express™
 _____ Art. of Inc. File _____
 _____ Corp. Record Search _____
☒ Ltd. Partnership File _____
 _____ Foreign Corp. File _____
 _____ () Cert. Copy(s) _____
Photo
 _____ Art. of Amend. File _____
 _____ Dissolution/Withdrawal _____
 _____ C U S. _____
 _____ Fictitious Name File _____
 _____ Name Reservation _____
 _____ Annual Report/Reinstatement _____
 _____ Reg. Agent Service _____
 _____ Document Filing _____

95 JAN 29 PM 4:00
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

FILED

100001703811
 -02/01/96--01049--005
 ****945.00 ****945.00

_____ Corporate Kiti
 _____ Vehicle Search _____
 _____ Driving Record _____
 _____ 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. _____

95 JAN 29 PM 3:28
 DIVISION OF CORPORATIONS

RECEIVED

SUBTOTALS

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

95 JAN 29 AM 11:15
 DIVISION OF CORPORATIONS
 RECEIVED

REQUEST TAKEN CONFIRMED APPROVED
 DATE 1/29/96
 TIME 11:00 CK No. _____
 BY CD

WALK-IN
 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

CERTIFICATE OF LIMITED PARTNERSHIP
OF
FAMOLD, LTD.

1. The name of the limited partnership is FAMOLD, LTD.
2. The address of the office at which the records required by Florida Statutes section 620.106 will be kept and the name of the agent for service of process, whose address is the same as that of the office, all as required by Florida Statutes section 620.105, are as follows:

Russell N. Olderman
4050 G Street, #103
Cedar Key, Florida 32625

3. The name and business address of the sole general partner and the mailing address of the limited partnership is as follows:

Famold, Inc. 896000008491
4050 G Street, #103
Cedar Key, Florida 32625

4. The latest date upon which the partnership is to dissolve is December 31, 2035.

GENERAL PARTNER:
Famold, Inc.

by: [Signature]
Russell N. Olderman, President
Date: JANUARY 29, 1996

FILED
JAN 29 PM 4:00
96
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AFFIDAVIT AS TO CONTRIBUTIONS

Being duly sworn, I heroby stato that the following is true:

1. My name is RUSSELL N. OLDERMAN.
2. I am the president of FAMOLD, INC., which is the solo general partner of FAMOLD, LTD., a Florida limited partnership.
3. I hereby declare that the amount of capital contributions of the limited partners and the amount anticipated to be contributed to such partnership is \$130,000.

RUSSELL N. OLDERMAN, individually and
as President of FAMOLD, INC., sole
general partner of FAMOLD, LTD.

JAN 29, 1996

STATE OF FLORIDA
COUNTY OF Levy

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid to take acknowledgments, personally appeared RUSSELL N. OLDERMAN, who is personally known to me or who has produced _____ as identification and who did not take an oath and acknowledged that he executed the above document.

WITNESS my hand and official seal in the County and State aforesaid this 5th day of January, 1996.

My Commission expires:
12/17/98



Harriet S. Thompson
NOTARY PUBLIC
State of Florida at Large
Harriet S. Thompson

FILED
96 JAN 29 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ACCEPTANCE OF OBLIGATIONS
AS REGISTERED AGENT FOR
FAMOLD, LTD.

By my signature below I heroby accept the duties as registered agent of Famold, Ltd., acknowledge that my address for service of process is 4050 G Street, #103, Cedar Key, FL 32625 and acknowledge that I am familiar with the duties of a registered agent.

Russell N. Olderman

January 29, 1996

STATE OF FLORIDA
COUNTY OF Levy

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid to take acknowledgments, personally appeared RUSSELL N. OLDERMAN, who is personally known to me or who has produced _____ as identification and who did not take an oath and acknowledged that he executed the above document.

WITNESS my hand and official seal in the County and State aforesaid this 5th day of January, 1996.

My Commission expires:
12/17/98



Harriet S. Thompson
NOTARY PUBLIC
State of Florida at Large
Harriet S. Thompson

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

96 JAN 29 PM 4:00

FILED