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February 6, 1996

Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Guba Family Limited

800001710853
-02/08/96--01085--005
***1837.50 ***1837.50

Dear Sir/Madam:

Enclosed find the Certificate of Limited Partnership for the above-referenced partnership along with a check from Mr. Guba in the amount of \$1,837.50, which is broken down as the following:

Based on \$1,000,000.00 -	Filing Fee at maximum	\$1750.00
	Registered Agent fee	35.00
	Certified Copy fee	52.50
	Total	\$1,837.50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

96 FEB -8 AM 11:38

FILED

Please file this document and return the Certified Copy to us at the above address.

If you have any questions, please feel free to call me.

Very truly yours,

TREISER, KOBZA & VOLPE, CHTD.

TA Collins

Thomas A. Collins, II
For the Firm
TAC/dd
Enclosures

cc
2/9/96aw

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**CERTIFICATE OF LIMITED PARTNERSHIP
GUBA FAMILY LIMITED
A Florida Limited Partnership**

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned General Partner, desiring to form a limited partnership pursuant to the Florida Revised Uniform Limited Partnership Act, hereby makes and files this Certificate of Limited Partnership for GUBA FAMILY LIMITED, hereinafter referred to as the "Partnership."

1. Name of Partnership. The name of the Partnership is GUBA FAMILY LIMITED.
2. Address of Office. The address of the record keeping office of the Partnership is 813 Wyndemere Way, Naples, Florida 33999.
3. Agent For Service of Process. The name and address of the Partnership's agent for service of process in Florida is Peter G. Guba, 813 Wyndemere Way, Naples, Florida 33999.
4. Name and Business Address of General Partner. The name and business address of the General Partner is Peter G. Guba, Trustee of the Peter G. Guba Revocable Trust U/A/D February 5, 1998, 813 Wyndemere Way, Naples, Florida 33999.
5. Mailing Address of Partnership. The mailing address of the Partnership is 813 Wyndemere Way, Naples, Florida 33999.
6. Duration of Partnership. The Partnership and the limitation of liability of the limited partners shall commence upon the date of filing of this Certificate of Limited Partnership with the Florida Department of State. The latest date upon which the Partnership is to dissolve is December 31, 2045.

The execution of this certificate by the undersigned general partner constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

IN WITNESS WHEREOF, the undersigned has set its hand and seal as of the 5th day of Feb., 1998.

By: Peter G. Guba, trustee
Peter G. Guba, Trustee of the Peter G.
Revocable Trust U/A/D Feb 5,
1998.
6

STATE OF FLORIDA
COUNTY OF COLLIER

The foregoing instrument was acknowledged before me this 5th day of February, 1996, by Peter G. Guba, Trustee of the Peter G. Guba Revocable Trust U/A/D February 5, 1996, on behalf of the Partnership. He (check one of the below)

☒ is personally known to me or
has produced _____ as identification
and who did take an oath. NOTE: If a type of identification is not inserted in the blank provided,
then the person executing this instrument was personally known to me.

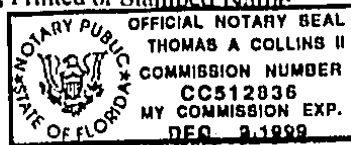
Witness my hand and official seal in the County and State last aforesaid, this 5th day of February, 1996.

Thomas A. Oliver Jr.
Notary Public

Typed, Printed or Stamped Name

My commission expires:

My commission number is:



ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been named as registered agent for GUBA FAMILY LIMITED (the "Partnership") in the foregoing Certificate of Limited Partnership, I, on behalf of the Partnership, hereby agree to accept service of process for said Partnership and to comply with any and all Statutes relative to the complete and proper performance of the duties of registered agent.

REGISTERED AGENT

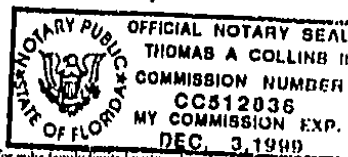
By: Peter G. Guba
Peter G. Guba

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101-110

THE FOREGOING INSTRUMENT was sworn to and subscribed before me this 5th
day of February, 1996, by Peter G. Guba Trustee, who (is personally known to
me) (has produced a driver's license/picture identification).

Thomas A. Collins
Notary Public

Typed, Printed or Stamped Name
My Commission Expires:



\\server\data\clients\transactions\guba 2932\est.plan 001\affidavit of capital contributions for guba family limited partnership.doc (12/6/95/34)

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA