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MICHAEL D ANNIS
ENOLA T BROWN
ELITA D COBIES
PHEBTON O COCKEY JR
JODI L CORNIGAN
ROBERT M DAIBLEY
KIRK B DAVID
JEFFREY M DEAN
KEINETH A DIAMOND
GREGORY W DWORZANOWBKI
JOBERN D EDWARDS
W. KEITH FENDRICK
WOLFGANG M FLORIN
DAVID A. GOLDSTEIN
D. LOCKWOOD GRAY
CHRISTOPHER L ORIFFIN CHRISTOPHER L GRIFFIN
MERCEDES GONZALEZ HALE
MARK B HOWARD
MICHELE R. HUDBICK
BARDARA HARDY HUNT
LAWRENCE F. HUGBRAM
GARY W. JOHNBON

OHE TAMPA CITY CENTER POST OFFICE BOX 3433 TAMPA, FLORIDA 33601

TELEPHONE (813) 229-3321 FACEIMILE, (813) 223-9067

AVAILABLE FOR CONSULTATION KÄRGEL, VOLLHARDT & PARTNER

> KURFORSTENDAMM 36 D-10719 BERLIN OFRIMANY 011-49-30-885-776

FAX 08-49-30-88F-1308

May 8, 1996

ELIZABETH V. KELLEY
BTEPHEN L. KUBBNER
DAVID L. LAPIDED
THOMAB M. LITTLE
W. EDWIN LITTON, II
HOBERT D. MCLEAN
MARION PORTER MATHIABON
BTEPHEN J. MITCHELL
BEAN P. MURPHY
LEE E. NELBON
GLAUDIUB H. PRITCHARD, W.
JOHN H. RAINB, III
BENJAMIN P., REEBE, II
FRED B. HIDLEY
ROBERT L. ROCKE
THOMAB J. ROCHN
JOSEPH W.N. RUGO
BTEVEN M., BAMAHA
OLIN G. BHIVERB
DEBRA K. BMIETANDKI
GLENN T. BUNDIN
BTEPHEN J. BZABO, III
JOSEPH N. TUCKER
RANDOLPH J., WOLFE

FREDERICK B. KARL OF COUNTRL

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VIA FEDERAL EXPRESS

PERSONAL & CONFIDENTIAL

Mr. Buck Kohr Registration Section Division of Corporations 409 East Gaines Street Tallahassee, Florida 32399

Largo Ovens, Ltd.

C. 1AX ---FILLING R. ACENT FEE 35-CV C. COPY LILS En Zu. N. BARK BALANCE OUR Our File Number: 3315-01-01

Dear Buck:

As we discussed yesterday, enclosed please find an original and one copy of the Certificate of Limited Partnership and Affidavit of Capital Contributions for the above-referenced Florida Affidavit of Capital Contributions for the above-referenced Florida limited partnership. We are also enclosing our firm's check in the amount of \$96.25 made payable to the Secretary of State. Please file the documents and issue a Certificate of Status. return evidence of the filing to the undersigned in the enclosed envelope. If possible, please call me (collect) to confirm the filing.

If you have any questions, please do not hesitate to call. We are most appreciative of your offer of assistance in this matter.

Sincerely,

Katherine Busselfy+ Katherine Russell Legal Assistant

KLR:gh Enclosures 3315-011-0340314.WP

CERTIFICATE OF LIMITED PARTNERSHIP OF LARGO OVENS, LTD.

The undersigned hereby executes and swears to this Certificate of Limited Partnership for the purpose of forming a limited partnership under the laws of the State of Florida.

- 1. Name of Partnership. The name of the partnership shall be LARGO OVENS, LTD.
- 2. Address of Recordkeeping Office; Agent for Service of Process. The records to be kept pursuant to Florida Statute Section 620.106 shall be located at 201 N. Franklin Street, Suite 2100, Tampa, Florida 33602, and the name of the Partnership's agent for service of process at said address is Mraston Maximum Maximum Aximum Maximum Ma
 - 3. Name and Business Address of the General Partner.
- (a) The name and address of the General Partner is as follows:

Name

Address

ovens management, inc.

SIX PPG PLACE SUITE 1110 PITTSBURGH, PA 15222

- 4. Mailing Address for the Limited Partnership. The mailing address for the Limited Partnership shall be located at Six PPG Place; Suite 1110; Pittsburgh, PA 15222.
- 5. Term. The term for which the partnership is to exist shall be thirty (30) years from the filing of this Certificate in the Office of the Secretary of State of the State of Florida, unless sooner terminated in accordance with

a Limited Partnership Agraement for LARGO OVENS, LTD.

DATED this 30th day of September, 1995.

GENERAL PARTNER:

OVENS MANAGEMENT, INC.

By: / / /

STATE OF PENNSYLVANIA COUNTY OF ALLEGHENY

The foregoing was acknowledged before me this 30th day of September, 1995, by Gerald W. DiFrango, the Vice President of OVENS MANAGEMENT, INC. the general partner of the limited partnership, who is personally known to me or who has proper identification and who did take an oath.

NOTARY PUBLIC
Name:
Serial No.
My Commission Expires:

ACCEPTANCE BY REGISTERED AGENT

Having been named Registered Agent and designated to accept service of process for the within Limited Partnership, at the place designated herein, I hereby agree to ct in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.

Olin G. Shivers

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

I, Gerald W. DiFrango, the Vice President of OVENS MANAGEMENT, INC. the sole general partner of LARGO OVENS, LTD., a Florida limited partnership, hereinafter referred to as the "Partnership," who, upon being sworn, certifies as follows:

- 1. The limited partner has contributed \$100. of capital to the Partnership.
- 2. It is anticipated that no additional contributions shall be contributed by the limited partners in the future.

This 30th day of September, 1995.

FURTHER AFFIANT 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 an belief.

GENERAL PARTNER:

OVENS MANAGEMENT, INC.

By: Title: Vica Presi lant

STATE OF PENNSYLVANIA COUNTY OF ALLEGHENY

The foregoing was acknowledged before me this 30th day of September, 1995, by Gerald W. DiFrango, the Vice President of OVENS MANAGEMENT, INC., the general partner of the limited partnership, who is personally known to be or who has produced proper identification and who did take an oath.

NOTARY PUBLIC
Name:
Serial No.
My Commission Expires:

A96000000881

27 3 Bel	A. Gels leair Drive NE ersburg, Fla 33704	
	Address	
City/State/Zip Phone #		บาก นากาก (การ กุรการสาราชากาศ ปี อกฏรุชัย สุราชากาศ บาก (รัฐษายกปรั พระพร 35 กุ เกกา (พระพร ส่วกุ กับ Office Use Only
CORPORATION NA	ME(S) & DOCUMENT	NUMBER(S), (if known):
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NEW FILINGS	AMENDMENTS	0-200x
Profit	Amendment	(C. B. Carrier, M.
NonProfit	Resignation of R.A., Officer/	Director
Limited Liability	Change of Registered Agent	
Domestication	Dissolution/Withdrawal	
Other	Merger	
and uncombined the		
OTHER FILINGS	REGISTRATION	
- I salual report	Foreign	
Fictitious Name	Limited Partnership	- RA Chg.
Name Reservation	Reinstatement	
<u> </u>	Trademark	VS MAR 2 1 1997
	Other	- 177/

Examiner's Initials



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

Fobruary 13, 1997

THOMAS A. GEIS 273 BELLEAIR DRIVE NE ST. PETERSBURG, FL 33704

SUBJECT: LARGO OVENS, LTD. Ref. Number: A96000000881

We have received your document for LARGO OVENS, LTD. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6909.

Velma Shepard Corporate Specialist

Letter Number: 297A00007696

Florida Department of State, Jim Smith, Secretary of State

LIMITED PARTNERHSIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of sections 620.105 and 620.1051, Florida Statutes, the undersigned limited partnership organized under the laws of the state of
in order to change its registered office or registered agent, or both, in the state of Florida.
1.The name of the limited partnership is:
LARGO OVENS, LTO.
2. The date of filing/registration in Florida:
3. Document number assigned:
4. The name and address of the present registered agent and office: OLIN G. SHIVERS ESG
201 N. FRANKLIN ST, STE 2100
TAMDA, FLA 3360X
5. The name and address of the successor registered agent and office.: THOMAS A. GELS
273 BELLAIR DRIVE NE
ST. Peterskurg Fla 33704
Such change was authorized by the general partners SIGNATURE:
Date: 3 /10 /97
HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED LIMITED PARTNERSHIP AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT.
SIGNATURE: MANUA A COLLEGE
Registered Agent Date: 2-19-9-7

Division of Corporations, P.O. Box 6327, Taliahassee, FL 32314 INHSE 4 Filing Fee: \$35.00