

CAPITAL CONNECTION, INC.

417 E. Virginia Ave., Suite 1, Tallahassee, FL 32301 (904) 224-1270
 Mailing Address: P.O. Box 10349, Tallahassee, FL 32302
 TOLL FREE: 1-800-341-8066
 FAX: (904) 224-1222

A9600001452

NAME _____
 FIRM _____
 ADDRESS _____

PHONE () _____

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

To us via _____ Return via _____

Matter No.: _____ Express Mail No. _____

State Fee \$ _____ Our \$ _____

BK 8/5/96

J. TAX _____
 FILING _____ 1750.00
 R. AGENT FEE _____ 35.00
 J. COPY _____ 61.25
 TOTAL _____ \$1,846.25
 V. BANK _____
 BALANCE DUE _____
 FEES _____

REQUEST TAKEN CONFIRMED APPROVED

DATE _____

TIME _____ CK No. _____

BY *[Signature]* _____

WALK-IN
 Will Pick Up *8/5 12:00*

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- _____ *G/S*
 Fictitious Name File _____

Name Reservation _____
 Annual Report/Reinstatement _____
 Reg. Agent Service _____
 Document Filing _____

Corporate Kit _____
 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. _____

96 AUG -5 AM 10:46
 96 AUG -2 AM 10:46
 300001916543
 -08/08/96-01045-017
 ***1846.25 ***1846.25

SUBTOTALS


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

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 AUG -5 AM 10:46

1. Name of Limited Partnership: MEL-RE DEVELOPMENT, LTD.
2. Business Address of Limited Partnership: 12670 New Brittany Boulevard, Suite 203, Fort Myers, Florida, 33907.
3. Name of Registered Agent for Service of Process: Truman J. Costello
4. Florida street address of Registered Agent: 12670 New Brittany Boulevard, Suite 101, Fort Myers, Florida, 33907.
5. Signature of Registered Agent accepting designation:

6. Mailing Address of Limited Partnership: 12670 New Brittany Boulevard, Suite 203, Fort Myers, Florida, 33907.
7. The latest date upon which the Limited Partnership is to be dissolved is: June 30, 2026.
8. Name(s) of General Partner(s): Street Address:
Mel-Re Development, Inc. 7960000 20293
Edward D. Adkins, President 12670 New Brittany Blvd. #203
Fort Myers, FL 33907

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

Signed this 2nd day of August, 1996.

Signature of all General Partners:

MEL-RE DEVELOPMENT, INC., a Florida corporation

By: 
Edward D. Adkins, President

**AFFIDAVIT OF CAPITAL CONTRIBUTIONS
FOR FLORIDA LIMITED PARTNERSHIP**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 AUG -5 AM 10:45

The undersigned constituting all of the General Partners of MEL-RE DEVELOPMENT, INC., a Florida Limited Partnership, certify:

The amount of capital contributions to date of the Limited Partners is \$225,000.00.

The total amount contributed and anticipated to be contributed by the Limited Partners at this time totals \$1,000,000.00.

Signed this 2nd day of August, 1996.

FURTHER AFFIANT SAYETH NOT.

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

General Partner:

MEL-RE DEVELOPMENT, INC., a Florida
corporation

By: 

Edward D. Adkins, President