

CAPITAL CONNECTION, INC.

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

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 \$ _____

RE:

Chapman Family
Limited Partnership

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

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.

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

REQUEST TAKEN CONFIRMED APPROVED

DATE _____

TIME _____ CK No. _____

BY _____

WALK-IN
Will Pick Up 8/13 12:00

**AFFIDAVIT AND
CERTIFICATE OF LIMITED PARTNERSHIP OF
CHAPMAN FAMILY
LIMITED PARTNERSHIP,
a Florida Limited Partnership**

The undersigned general partners, desiring to form a limited partnership pursuant to the Florida Revised Uniform Limited Partnership Law as set forth in Chapter 620 of the Florida Statutes, hereby state the following:

1. The name of the Limited Partnership is CHAPMAN FAMILY LIMITED PARTNERSHIP.

2. The address of the office of the Limited Partnership is 1400 - 99th Street, N.W., Bradenton, FL 34209.

3. The name and address of the agent for service of process on the Limited Partnership is as follows:

Clifford E. Chapman 1400 - 99th Street, N.W.
Bradenton, FL 34209

4. The name and business address of the general partner is as follows:

Clifford E. Chapman 1400 - 99th Street, N.W.
Bradenton, FL 34209

5. The mailing address of the Limited Partnership is 1400 - 99th Street, N.W., Bradenton, FL 34209.

6. The latest date upon which the Limited Partnership shall dissolve is December 31, 2050.

7. The actual and anticipated amount of capital contributions to be contributed by the limited partners is cash and other assets valued as follows:

<u>Limited Partner</u>	<u>Contribution</u>
1. Clifford E. Chapman	\$294,000.00
2. Clifford Todd Chapman	\$ <u>3,000.00</u>
	<u>\$297,000.00</u>

8. The effective date of this Certificate of Limited Partnership shall be upon filing with the Department of State.

FILED
AUG 13 AM 10:30
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

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, this Certificate of Limited Partnership has been executed by the general partner on July 12, 1996.

CHAPMAN FAMILY
LIMITED PARTNERSHIP


CLIFFORD E. CHAPMAN
General Partner

F:\USERS\RRQ\MISC\261K_1 101144

FILED
96 AUG 13 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

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


CLIFFORD E. CHAPMAN

FILED
96 AUG 13 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA