

**CAPITAL CONNECTION, INC.**

417 E. Virginia Street, Tallahassee, FL 32301 (904) 222-8877  
 Mailing Address: Post Office Box 10049, Tallahassee, FL 32301  
 TOLL FREE NUMBER: 1-800-222-1222  
 FAX (904) 222-1222

**A9600001630**

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 \$ \_\_\_\_\_

	C.C. FEE.	DISBURSED
_____ Capital Express™	_____	_____
_____ Art. of Inc. Ffile	_____	_____
_____ Corp. Record Search	_____	_____
<input checked="" type="checkbox"/> _____ Ltd. Partnership Ffile	_____	_____
_____ Foreign Corp. Ffile	_____	_____
<input checked="" type="checkbox"/> _____ ( ) Cert. Copy(s)	_____	_____
_____ Art. of Amend. Ffile	_____	_____
_____ Dissolution/Withdrawal	_____	_____
_____ C U S -	_____	_____
_____ Fictitious Name Ffile	_____	_____
_____ Name Reservation	_____	_____
_____ Annual Report/Reinstatement	_____	_____
_____ Reg. Agent Service	_____	_____
_____ Document Filing	_____	_____
_____ Corporate KH	_____	_____
_____ Vehicle Search	_____	_____
_____ Driving Record	_____	_____
_____ Document Retrieval	_____	_____
_____ UCC 1 or 3 Ffile	_____	_____
_____ UCC 11 Search	_____	_____
_____ UCC 11 Retrieval	_____	_____
_____ File No.'s, _____ Copies	_____	_____
_____ Courier Service	_____	_____
_____ Shipping/handling	_____	_____
_____ Phone ( )	_____	_____
_____ Top Priority	_____	_____
_____ Express Mail Prep.	_____	_____
_____ FAX ( )	_____	_____
_____ pgs.	_____	_____
<b>SUBTOTALS</b>	_____	_____

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 96 SEP 24 PM 12:51

500001948945  
 -09/06/96-01033-017  
 \*\*\*1837.50 \*\*\*1837.50

*9/4/96*

S. TAX \_\_\_\_\_  
 FILING \_\_\_\_\_ 1,750.00  
 R. AGENT FEE \_\_\_\_\_ 35.00  
 C. COPY \_\_\_\_\_ 52.50  
 TOTAL \_\_\_\_\_ 1,837.50  
 N. BANK \_\_\_\_\_  
 BALANCE DUE \_\_\_\_\_  
 OVERPAID \_\_\_\_\_

REQUEST TAKEN CONFIRMED APPROVED  
 DATE 9/4 \_\_\_\_\_  
 TIME \_\_\_\_\_ CK No. \_\_\_\_\_  
 BY \_\_\_\_\_

WALK-IN Will Pick Up 9:30 *W.F.*

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

RECEIVED  
 96 SEP 4 AM 10:35  
 DIVISION OF CORPORATIONS

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, 15% per Annum.

THANK YOU  
 from  
 Your Capital Connection

**CERTIFICATE OF LIMITED PARTNERSHIP OF  
HIXVEST, LTD.  
a Florida limited partnership**

FILED STATE  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
96 SEP - 11 PM 2:08

The undersigned general partner, desiring to form a limited partnership pursuant to the Florida Revised Uniform Limited Partnership Act as set forth in Section 620.108 of the Florida Statutes, hereby states the following:

1. The name of the Partnership is HixVest, Ltd.
2. The address of the office of the Partnership is 4400 Marsh Landing Parkway, Suite 7, Ponte Vedra Beach, Florida 32082.
3. The name and address of the agent for service of process on the Partnership are Michael W. Fisher, Esquire, Fisher, Tousey, Leas & Ball, P.A., One Independent Drive, Suite 2600, Jacksonville, Florida 32202.
4. The name and business address of the general partner are as follows:  

HixVest G.P., Inc.	4400 Marsh Landing Parkway
	Suite 7
	Ponte Vedra Beach, FL 32082

*96000067986*
5. The mailing address of the Partnership is 4400 Marsh Landing Parkway, Suite 7, Ponte Vedra Beach, Florida, 32244.
6. The latest date upon which the Partnership shall dissolve is December 31, 2045.
7. A conveyance or encumbrance of real property held in the Partnership name, and any other instrument affecting title to real property in which the Partnership has an interest, shall be executed in the Partnership name by its general partner.

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 sole general partner of HIXVEST, LTD. this 3 day of September, 1996.

General Partner:

HIXVEST G.P., INC.

By: \_\_\_\_\_

*Joseph M. Hixon III*  
Joseph M. Hixon, III  
President

STATE OF FLORIDA  
COUNTY OF DUVAL

**AFFIDAVIT OF CAPITAL CONTRIBUTIONS  
HIXVEST, LTD.**

FILED  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
96 SEP - 1 PM 12:57

BEFORE ME, the undersigned authority, personally appeared Joseph M. Hixon, III, President of HixVest G.P., Inc., a Florida corporation, constituting the sole general partner of HixVest, Ltd., a Florida limited partnership, hereinafter referred to as the "Partnership", the address for which is 4400 Marsh Landing Parkway, Suite 7, Ponte Vedra Beach, Florida 32082, who, upon being duly sworn, certifies as follows:

1. The amount of capital contributions to the Partnership made by the limited partners is \$0.00.
2. The amount of additional capital contributions anticipated to be contributed by the limited partners is \$5,940,000.00.

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 and belief.

General Partner

HIXVEST G.P., INC.

By: Joseph M. Hixon, III  
Joseph M. Hixon, III  
President

STATE OF FLORIDA  
COUNTY OF DUVAL

The foregoing instrument was acknowledged before me this 3 day of September, 1996, by Joseph M. Hixon, III, President of HixVest G.P., Inc.  who is personally known to me or who has produced a driver's license as identification. ~~and who did/did not take an oath.~~



DEBORAH ANN FERGUSON  
My Commission CC384678  
Expires Jul. 16, 1998

Deborah Ann Ferguson  
Name: Deborah Ann Ferguson  
Notary Public, State of Florida  
Commission Number: CC 384678

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been named as registered agent for HixVest, Ltd., a Florida limited partnership ("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.

Date: September 3, 1996

REGISTERED AGENT

By:   
Michael W. Fisher, Esquire

60713

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
96 SEP -4 PM 12: 57