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CONTACT: RAY STORMONT

PHONE: (305)541-3694

FAX #: (305)541-3770

*Re Son Lee and Shaun K Woods*

NAME: THE WOODS FAMILY LIMITED PARTNERSHIP

AUDIT NUMBER.....H96000014749

DOC TYPE.....FLORIDA LIMITED PARTNERSHIP

CERT. OF STATUS..0

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TALLAHASSEE, FLORIDA

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**CERTIFICATE OF LIMITED PARTNERSHIP**  
**OF**

**THE RESON LEE AND SHAUN K. WOODS FAMILY LIMITED PARTNERSHIP**

The parties hereto do hereby certify that an Agreement was made effective the 17th of October, 1996, at Zolfo Springs, Florida, by the following, herein called "General Partners":

**RESON LEE WOODS AND SHAUN K. WOODS**

And by the following, hereinafter referred to as "Limited Partners":

**RESON LEE WOODS, SHAUN K. WOODS, LORI ANNE WOODS AND JOHNNA MARIE PERDUE**

The parties hereto, on the date described above, formed a Limited Partnership pursuant to the provisions of the Florida Revised Uniform Limited Partnership Act.

1. **Name.** The name of the Limited Partnership is **THE RESON LEE AND SHAUN K. WOODS FAMILY LIMITED PARTNERSHIP.**

2. **Principal Place of Business.** The location of the principal place of business of the Limited Partnership is 5294 Crewsville Road, Zolfo Springs, Florida 33890. This is also the mailing address.

3. **Registered Agent and Office.** The registered agent for service of process for this Limited Partnership is JAMES D. PAYER at 299 Alhambra Circle, Suite 221, Coral Gables, Florida 33134.

4. **The General Partners.** The General Partners of the Limited Partnership are:

General Partners

Business Address

**RESON LEE WOODS**

5294 Crewsville Road  
Zolfo Springs, Florida 33890

Prepared By: JAMES D. PAYER  
299 Alhambra Circle, Suite 221  
Coral Gables, Florida 33134  
Florida Bar Number 0081541  
(305) 444-4143

**PAYER & TWOMBLY, ATTORNEYS AT LAW**

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EXP. DATE KIT

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5294 Crewsville Road  
Zolfo Springs, Florida 33890

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TULAHSEE, OKLAHOMA

EXECUTED IN TRIPPLICATE ORIGINAL this 17th day of October, 1996.

**SHAUN K. WOODS**

Reson Lee Woods  
RESON LEE WOODS

**SHAUN K. WOODS**

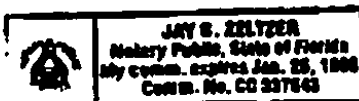
COUNTY OF Highlands

**SS:**

BEFORE ME, the undersigned authority, on this day personally appeared RESON LEE WOODS and SHAUN K. WOODS known to me to be the persons whose names are subscribed to the foregoing instrument or produced \_\_\_\_\_ and has acknowledged to me that he executed the same for the purposes and considerations therein expressed and as the authorized representatives of the RESON LEE AND SHAUN K. WOODS FAMILY LIMITED PARTNERSHIP.

GIVEN UNDER MY HAND and seal of office, this 17th day of October, 1996.

**Noisy Public  
My Commission**



**PAYER & TWOMBLY, ATTORNEYS AT LAW**

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**AFFIDAVIT OF CAPITAL CONTRIBUTIONS**

The undersigned constituting all of the General Partners of **THE RESON LEE AND SHAUN K. WOODS FAMILY LIMITED PARTNERSHIP**, a Florida Limited Partnership, certify:

The amount of capital contributions to date of the limited partners is \$10,000.00.

The total amount contributed and anticipated to be contributed by the limited partners at this time is \$10,000.00.

**URTHER AFFIANT SAYETH NOT.**

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

DATED this the 17th day of October, 1996.

General Partners:  
RESON LEE RESON

By: Reson Lee Woods  
RESON LEE WOODS

SHAUN K. WOODS

By:

Shaun K. Woods  
SHAUN K. WOODS

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**CERTIFICATE DESIGNATING PLACE OF BUSINESS  
OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THE STATE,  
NAMING THE AGENT UPON WHOM PROCESS MAY BE SERVED**

Pursuant to Chapter 620, 105 Florida Statutes, the following is submitted in accordance with said Act:

That the **RESON LEE AND SHAUN K. WOODS FAMILY LIMITED PARTNERSHIP**, desiring to organize under the laws of the State of Florida, with its principal place of business as indicated in the Certificate of Limited Partnership in the City of Coral Gables, County of Dade, State of Florida, has named **JAMES D. PAYER** whose address is 299 Alhambra Circle, Suite 221, City of Coral Gables, County of Dade, State of Florida 33134, as its agent to accept service of process within the state.

**ACKNOWLEDGMENT**

Having been named to accept service of process for the above limited partnership, at the place designated in this Certificate, I hereby agree to act in this capacity, and agree to comply with the provisions of said Act relative to keeping open said office.

Dated this 17th day of October, 1996.

  
**JAMES D. PAYER**

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