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PRESTIGE FILE  
LEGAL & FINANCIAL SERVICES

ACCOUNT NO. : 072100000032

REFERENCE : 183740 4323655

AUTHORIZATION :

COST LIMIT : \$ PRE-PAID

ORDER DATE : December 11, 1996

ORDER TIME : 9:51 AM

ORDER NO. : 183740-005

CUSTOMER NO: 4323655

CUSTOMER: Katherine Russell, Legal Asst  
ANNIS MITCHELL COCKEY EDWARDS  
& ROEHN, P.A.  
Suite 2100  
One Tampa City Center  
Tampa, FL 33602

400002033044--1  
-12/18/96--01104--021  
\*\*\*1802.50 \*\*\*1802.50

DOMESTIC FILING

NAME: SAUNDERS FAMILY LIMITED  
PARTNERSHIP

EFFECTIVE DATE:

       ARTICLES OF INCORPORATION  
XX        CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY **DAI**  
XX        CERTIFICATE OF GOOD STANDING (2)

CONTACT PERSON: Kathy Drake

EXAMINER'S INITIALS: **134**

6-TAX  
FILING 1750.00  
R. AGENT FEE 35.00  
C. COPY 17.50  
TOTAL 1802.50  
N. BANK  
BALANCE DUE  
PAID

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5 DEC 11 AM 10 27  
ION OF CORPORATION

12/11/96

## ANNIS, MITCHELL, COCKEY, EDWARDS & ROEHN

### PROFESSIONAL ASSOCIATION

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CLAUDIUS H. PRITCHARD, II  
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BENJAMIN P. REESE, II  
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BARBARA HARDY HUNT  
LAWRENCE P. INGRAM  
DAVID S. JOHNSON  
GARY W. JOHNSON

December 12, 1996

Ms. Kathy Drake  
CSC The United States Corporation Company  
Post Office Box 5828  
Tallahassee, Florida 32314

Re: Saunders Family Limited Partnership  
Your Order No. 183740 005  
Our File No. 5379-001

Dear Kathy:

Enclosed is the original Affidavit of Capital Contributions for the above-captioned limited partnership. Please have this document delivered to Buck Kohr to complete the Secretary of State's records. Thank you for your assistance with this matter.

Sincerely,

*Katherine Russell*  
Katherine Russell  
Legal Assistant

Enclosure  
5379-001-0382550.01

**CERTIFICATE OF LIMITED PARTNERSHIP OF  
SAUNDERS FAMILY LIMITED PARTNERSHIP**

FILED STATE  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
96 DEC 11  
PM 11:29

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 **SAUNDERS FAMILY LIMITED PARTNERSHIP.**

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 1801 Main Street, Sarasota, Florida 34236, and the name of the Partnership's agent for service of process at said address is **MICHAEL SAUNDERS.**

3. Name and Business Address of the General Partner.

(a) The name and address of the General Partner are as follows:

<u>Name</u>	<u>Address</u>
Michael Saunders	1801 Main Street Sarasota, Florida 34236

4. Mailing Address for the Limited Partnership. The mailing address for the Limited Partnership shall be located at 1801 Main Street, Sarasota, Florida 34236.

5. Term. The term for which the Partnership is to exist shall be fifty (50) 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 Agreement for **SAUNDERS FAMILY LIMITED PARTNERSHIP.**

DATED this 8th day of November, 1996.

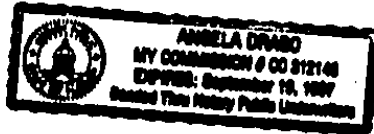
GENERAL PARTNER:

Michael Saunders  
MICHAEL SAUNDERS

96 DEC 11 11:11 AM  
DIVISION OF  
SECRETARY OF  
FILED  
STATE  
OPERATIONS

STATE OF FLORIDA  
COUNTY OF HILLSBOROUGH

The foregoing was acknowledged before me this 8th day of November, 1996, by MICHAEL SAUNDERS, who is personally known to me or who has produced \_\_\_\_\_ as identification.



Angela Drago  
NOTARY PUBLIC

Name: \_\_\_\_\_

Serial Number: \_\_\_\_\_

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 act 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.

Michael Saunders  
MICHAEL SAUNDERS

5379-001-278829.01

**AFFIDAVIT OF CAPITAL CONTRIBUTIONS**

I, MICHAEL SAUNDERS, the sole general partner of the SAUNDERS FAMILY LIMITED PARTNERSHIP, a Florida limited partnership hereinafter referred to as the "Partnership," who, upon being sworn, certified as follows:

1. The limited partners have contributed \$ 250,000.00 of capital to the Partnership.

2. It is anticipated that \$ -0- shall be contributed by the limited partners in the future.

This 8<sup>th</sup> day of November, 1996.

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:

Michael Saunders  
MICHAEL SAUNDERS

STATE OF FLORIDA  
COUNTY OF HILLSBOROUGH

The foregoing instrument was acknowledged before me this 8<sup>th</sup> day of November, 1996, by MICHAEL SAUNDERS, as General Partner of SAUNDERS FAMILY LIMITED PARTNERSHIP, a Florida limited partnership, on behalf of the limited partnership, who is personally known to me or who has produced \_\_\_\_\_ as identification.

Anela Drago  
NOTARY PUBLIC

Name: \_\_\_\_\_

Serial Number: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

5379-001-278829.01

