

Spencer Landman
 Requester's Name **A97000002241**
 Address **222-6100**
 City/State/Zip _____ Phone # _____
 Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. JSPB Associates (Corporation Name) 100002325701--B (Document #)
 -10/21/97--01053--019
 ****549.50 ****549.50
2. _____ (Corporation Name) _____ (Document #)
3. _____ (Corporation Name) _____ (Document #)
4. _____ (Corporation Name) _____ (Document #)

- ☒ Walk in
☐ Mail out
☒ Pick up time 3:00
☐ Will wait
☐ Photocopy

☒ Certified Copy
☐ Certificate of Status
 G. TAX FILING 462.00
 R. AGENT FEE 35.00
 TOTAL 549.50
 N. BANK BALANCE DUE _____
 PFFIND B/K

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Please call 10/17/97
 immediately
 if check not correct
 ask for 10/17/97
 B/K

Examiner's Initials	
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**CERTIFICATE OF LIMITED PARTNERSHIP
JSBP ASSOCIATES, LTD.**

The undersigned hereby executes and files with the Department of State of the State of Florida this Certificate of Limited Partnership of JSBP ASSOCIATES, LTD. pursuant to the provisions of Florida Statutes Section 620.108 for the purposes of forming a limited partnership under the laws of the State of Florida, effective as of the date of filing of this Certificate of Limited Partnership in the offices of the Secretary of State.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
OCT 17 1997

1. Name of Limited Partnership. the name of the limited partnership is "JSBP ASSOCIATES, LTD."

2. Name and Address of Registered Agent. The registered agent for service of process is:

John H. Sykes
901 S. Newport
Tampa, Florida 33606

3. Name and Address of General Partner. the name and business address of the general partner of the Limited Partnership is:

Cloverleaf Farms II, Inc.
901 S. Newport
Tampa, Florida 33606

997000023380

4. Mailing Address. The mailing address of the Limited Partnership is:

901 S. Newport
Tampa, Florida 33606

5. Termination. The latest date on which the Limited Partnership is to dissolve is 50 years from the date of the filing of this certificate with the Florida Department of State.

IN WITNESS WHEREOF, this Certificate of Limited Partnership has been executed by the General Partner of the Partnership this 14th day of October, 1997.

**CLOVERLEAF FARMS II, INC., a Florida
corporation**

By: _____

John H. Sykes, President

**ACCEPTANCE OF APPOINTMENT BY INITIAL
REGISTERED AGENT**

THE UNDERSIGNED, a resident of the State of Florida, having been named in the foregoing Certificate of Limited Partnership as the initial Registered Agent at the office designated therein, hereby accepts such appointment and agrees to act in such capacity. The undersigned hereby states that it is familiar with, and hereby accepts, the obligations of registered agent provided for under Section 620.192, Florida Statutes, and the undersigned will further comply with any other provisions of law made applicable to him as Registered Agent of the Limited Partnership.

DATED, this 14th day of October, 1997.


John H. Sykes

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 OCT 17 AM 11:33

