ACCOUNT NO. : 07210000032

REFERENCE: 570202

AUTHORIZATION :

COST LIMIT : \$ 122.50

ORDER DATE: October 20, 1997

ORDER TIME : 11:10 AM

ORDER NO. : 570202-005

CUSTOMER NO: 5011226

800002324248--2

CUSTOMER: Melissa L. Wilson, Legal Asst

GRAY HARRIS & ROBINSON

S.e. Bank Building, Suite 1200

201 E. Pine Street Orlando, FL 32801

### DOMESTIC FILING

NAME:

HSH OF SOUTH FLORIDA, LTD.

#### EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION \_\_\_ CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_ CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder

EXAMINER'S INITIALS:

# CERTIFICATE OF LIMITED PARTNERSHIP AND AFFIDAVIT OF CAPITAL CONTRIBUTION OF HSH OF SOUTH FLORIDA, LTD.

This Certificate of Limited Partnership and Affidavit of Capital Contribution is entered into as of the 14th day of October, 1997, by and between HSH/HUCKLEBERRY, SIBLEY & HARVEY INSURANCE AND BONDS, INC., a Florida corporation, as General Partner, and KAREN SMITH, as Limited Partner, of HSH OF SOUTH FLORIDA, LTD., a Florida limited partnership (the "Partnership"). It is the intention of the parties that this Certificate of Limited Partnership and Affidavit of Capital Contribution create a limited partnership which complies with Chapter 620 of the Florida Statutes. The undersigned, upon being duly sworn, deposes and says:

- 1. <u>Name of Partnership</u>. The name of the limited partnership is HSH OF SOUTH FLORIDA, LTD.
- 2. Address and Office. The address and office of the Partnership will be 1901 Lee Road, Winter Park, Florida 32789. The records required to be kept by the Partnership pursuant to Section 620.106 Florida Statutes will be maintained at the office of the Partnership.
- 3. <u>Agent for Service of Process</u>. The agent for service of process on the Partnership will be James Breen, c/o HSH/Huckleberry, Sibley & Harvey Insurance and Bonds, Inc., whose address is 1901 Lee Road, Winter Park, Florida 32789.
- Name and Business Address of General Partner. The General Partner is HSH/HUCKLEBERRY, SIBLEY & HARVEY INSURANCE AND BONDS, INC., a Florida corporation. The address of the General Partner is 1901 Lee Road, Winter Park, Florida 32789.
- 5. <u>Mailing Address of Partnership</u>. The mailing address for the Partnership is 1901 Lee Road, Winter Park, Florida 32789.
- 6. <u>Latest Date of Dissolution</u>. The latest date upon which the Partnership is to dissolve will be December 31, 2050.
- 7. Right to Sell or Assign. The Limited Partners do not have the right to transfer their interests in the Partnership without the prior written consent of the General Partner.
- 8. <u>Additional Limited Partners</u>. No person, firm, corporation or other entity will be admitted to the Partnership as a Limited Partner except with the consent of the General Partner.

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Limited Partnership as of the day, month and year first above written.

## **GENERAL PARTNER:**

WITNESSES:

HSH/HUCKLEBERRY, SIBLEY & HARVEY, INSURANCE AND BONDS, INC., a Florida

corporation

Name: BARDARA VALLARO

James Breez ts: V.O. Treaswer/CFO

Name: BARDABA VACLARD

# CERTIFICATE OF ACCEPTANCE AS REGISTERED AGENT

Having been named as the registered agent in the Certificate and Agreement of Limited Partnership of HSH OF SOUTH FLORIDA, LTD. Thereby accept and agree to act in this capacity.

## AFFIDAVIT OF CAPITAL CONTRIBUTION OF THE LIMITED PARTNERS

HSH/HUCKLEBERRY, SIBLEY & HARVEY INSURANCE AND BONDS, INC., a 🛠 Florida corporation, the sole General Partner of HSH OF SOUTH FLORIDA, LTD., a Florida limited partnership, through its duly authorized officer, states as follows:

1. The amount of the capital contribution that has been made by the Limited Partner is:

Limited Partner

Capital Contribution

Karen Smith

\$50.00

2. The total amount anticipated to be contributed by the Limited Partners \$50.00.

FURTHER the Affiant sayeth naught.

GENERAL PARTNER:

HSH/HUCKLEBERRY, SIBLEY & HARVEY INSURANCE AND BONDS, INC., a Florida

corporation

F:\USR\MLWILSON\HSH\SFLA.CRT