

A97000002417



THE UNITED STATES
CORPORATION
COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 591698 5011226

AUTHORIZATION

Patricia Pygott

COST LIMIT : \$ 192.50

ORDER DATE : November 6, 1997

ORDER TIME : 10:01 AM

ORDER NO. : 591698-010

CUSTOMER NO: 5011226

200002389982--5

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: FLORIDA COASTAL TIRE, LTD.

*FILE SECOND

EFFECTIVE DATE:

 ARTICLES OF INCORPORATION
XX CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kim Clemons

EXAMINER'S INITIALS:

SECRETARY OF STATE
TALLAHASSEE FLORIDA

97 NOV -6 PM 2:00

FILED

DIVISION OF CORPORATIONS

97 NOV -6 AM 11:25

RECEIVED

11/6/97

**CERTIFICATE OF LIMITED PARTNERSHIP
AND AFFIDAVIT OF CAPITAL CONTRIBUTION OF
FLORIDA COASTAL TIRE, LTD.**

FILED
97 NOV - 6 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

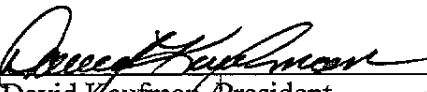
This Certificate of Limited Partnership and Affidavit of Capital Contribution is executed as of the 6th day of November, 1997, by **DLK OF BELLE ISLE, INC.**, a Florida corporation, as General Partner of **FLORIDA COASTAL TIRE, LTD.**, a Florida limited partnership (the "Partnership"). It is the intention of the undersigned 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. Name of Partnership. The name of the limited partnership is **FLORIDA COASTAL TIRE, LTD.**
2. Address and Office. The address and office of the Partnership will be 4356 Quando Drive, Belle Isle, Florida 32812. 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. Agent for Service of Process. The agent for service of process on the Partnership will be David Kaufman, whose address is 4356 Quando Drive, Belle Isle, Florida 32812.
4. Name and Business Address of General Partner. The General Partner is **DLK OF BELLE ISLE, INC.**, a Florida corporation. The address of the General Partner is 4356 Quando Drive, Belle Isle, Florida 32812. pg 700095197
5. Mailing Address of Partnership. The mailing address for the Partnership 4356 Quando Drive, Belle Isle, Florida 32812.
6. Latest Date of Dissolution. 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. Additional Limited Partners. 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:

DLK OF BELLE ISLE, INC., a Florida corporation

By: 
David Kaufman, President

FILED
97 NOV -6 PM 2:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA

CERTIFICATE OF ACCEPTANCE AS REGISTERED AGENT

Having been named as the registered agent in the Certificate and Agreement of Limited Partnership of FLORIDA COASTAL TIRE, LTD., I hereby accept and agree to act in this capacity.


David Kaufman

**AFFIDAVIT OF CAPITAL CONTRIBUTION
OF THE LIMITED PARTNERS**

DLK OF BELLE ISLE, INC., a Florida corporation, the sole General Partner of
FLORIDA COASTAL TIRE, 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

Graft, Inc.

\$15,000.00

2. The total amount anticipated to be contributed by the Limited Partners
\$15,000.00.

FURTHER the Affiant sayeth naught.

GENERAL PARTNER:

DLK OF BELLE ISLE, INC., a Florida corporation

By: _____

David Kaufman, President

FILED
97 NOV - 6 PM 2:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA