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LAW OFFICES
GOZA AND HALL, P.A.
28050 U. S. HWY. 19 NORTH
SUITE 402, CORPORATE SQUARE
CLEARWATER, FLORIDA 33761-2654
TELEPHONE (813) 799-2625
FAX (813) 796-8908

October 24, 1997

FILED
97 NOV 17 PM 4: 29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Secretary of State
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

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-10/27/97--01097--003
***1837.50 ***1837.50

Gentlemen:

Re: SALLS FAMILY LIMITED PARTNERSHIP

CM

Enclosed please find the original, executed Certificate of Limited Partnership along with the original, executed Affidavit of Capital Contributions.

Also enclosed is our check in the amount of \$1,837.50 which is represented by the following:

\$1,750.00 maximum filing fee
\$ 35.00 registered agent
\$ 52.50 certified copy

\$1,837.50

659724693

Please return one certified copy of the filing as soon as possible.

Thank you.

Very truly yours,


Donald R. Hall

DRH:dk

Encs.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

October 30, 1997

DONALD R. HALL
GOZA AND HALL, P.A.
28050 U.S. HIGHWAY 19 NORTH, SUITE 402
CLEARWATER, FL 33761-2654

SUBJECT: SALLS FAMILY LIMITED PATNERSHIP
Ref. Number: W97000024697

FILED
97 NOV 17 PM 4:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for SALLS FAMILY LIMITED PATNERSHIP and your check(s) totaling \$1837.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective day must be specific and cannot be prior to the date of filing.

Section 620.108, Florida Statutes, requires that limited partnership certificates include the mailing address in addition to the principal place of business address. Please correct your document accordingly. If the mailing address and principal place of business are one and the same, please be sure this is clearly reflected in your document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6025.

Cathy A Mitchell
Corporate Specialist

Letter Number: 897A00052666



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

November 6, 1997

DONALD R. HALL
GOZA AND HALL, P.A.
28050 U.S. HIGHWAY 19 NORTH, SUITE 402
CLEARWATER, FL 33761-2654

SUBJECT: SALLS FAMILY LIMITED PATNERSHIP
Ref. Number: W97000024697

FILED
97 NOV 17 PM 4:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for SALLS FAMILY LIMITED PATNERSHIP and your check(s) totaling \$1837.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The effective day must be specific and cannot be prior to the date of filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6025.

Cathy A Mitchell
Corporate Specialist

Letter Number: 997A00053666

STATE OF FLORIDA
OFFICE OF SECRETARY OF STATE
CERTIFICATE OF LIMITED PARTNERSHIP
OF
SALLS FAMILY LIMITED PARTNERSHIP

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97 NOV 17 PM 4:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of the limited partnership is:

Salls Family Limited Partnership

2. The address of the initial registered office and the principal office of the limited partnership is: 125 Meadows Drive, Tarpon Springs, FL 34689 and the name and address of its initial registered agent is:

Wayne C. Salls
125 Meadows Drive
Tarpon Springs, FL 34689

THE MAILING ADDRESS AND PRINCIPAL BUSINESS ADDRESS ARE THE SAME.

3. The name and mailing address of each general partner of the limited partnership is:

NAME

ADDRESS

Wayne C. Salls

125 Meadows Drive
Tarpon Springs, FL 34689

Dorothy E. Salls

125 Meadows Drive
Tarpon Springs, FL 34689

4. The latest date upon which the limited partnership is to dissolve is: December 31, 2025.

5. The effective date of this certificate shall be the date of filing with the Florida Department of State.

This Certificate is signed below by the general partners of the limited partnership, whose signatures constitute their affirmation under the penalties of perjury that the facts stated herein are true:

Date of Signing: September 30, 1997.

General Partners:


Wayne C. Salls


Dorothy E. Salls

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF FLORIDA
COUNTY OF PINELLAS

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned authority, personally appeared WAYNE C. SALLS and DOROTHY E. SALLS, the general partners of the SALLS FAMILY LIMITED PARTNERSHIP, a Florida Limited Partnership, hereinafter referred to as the "Partnership", who upon being first duly sworn, certified as follows:

1. The amount of capital contributions to the Partnership made by each limited partner are as follows:

Wayne C. Salls	\$ <u>1,050,831.34</u>
Dorothy E. Salls	\$ <u>1,050,831.34</u>

2. The amount of additional capital contributions anticipated to be contributed by each limited partner are as follows:

Wayne C. Salls	\$ <u>-0-</u>
Dorothy E. Salls	\$ <u>-0-</u>

FURTHER AFFIANTS SAYETH NOT.

Under penalties of perjury we declare that we have read the foregoing and that the facts alleged are true, to the best of our knowledge and belief.

General Partners:

Wayne C. Salls
Wayne C. Salls

Dorothy E. Salls
Dorothy E. Salls

SWORN TO AND SUBSCRIBED before me this 23rd day of October, 1997, by WAYNE C. SALLS and DOROTHY E. SALLS, who are personally known to me.

Notary Public
My Commission Expires:



DONALD R. HALL
MY COMMISSION # CC481571 EXPIRES
November 14, 1999
BONDED THRU TROY FAIR INSURANCE, INC.