

A 9700002922

ATSEY & MCMULLEN

ATTORNEYS AND COUNSELLORS AT LAW

227 SOUTH CALHOUN STREET

P.O. BOX 391 (ZIP 32302)

TALLAHASSEE, FLORIDA 32301

(850) 224-9115 FAX (850) 222-7560

Writer's Direct Line: 850/425-5495

RECEIVED
97 DEC 31 AM 8:22

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

December 31, 1997

BY HAND DELIVERY

Secretary of State
409 East Gaines Street
Tallahassee, Florida 32301

RE: Registration of Gavalas Family Limited Partnership

Dear Madam/Sir:

197 AUG 609 75

Enclosed please find an original and one copy of each of the following:

1. Certificate of Limited Partnership of Gavalas Family Limited Partnership, a Florida Limited Partnership;
2. Certificate of Acceptance of Registered Agent for Gavalas Family Limited Partnership;
3. Affidavit of Capital Contributions.

Also enclosed is a check in the amount of \$1,785.00, which includes \$1,750.00 for the filing fee, and \$35.00 for Registered Agent Designation.

PLEASE NOTE THAT THE EFFECTIVE DATE OF THIS LIMITED PARTNERSHIP IS JANUARY 1, 1998.

Please date stamp the second set of copies for return with our messenger. Please call when your acknowledgement letter is ready to be picked up.

If you have any questions, please call.

Sincerely,

Van P. Geeker

Van P. Geeker
For the Firm

300002386703--6
-12/31/97--01011--004
***1785.00 ***1785.00

VPG:ldv
Enclosures: (4)
cc: Mr. Nic G. Gavalas (w/out encl.)

vpg\lrsos-gava.flp
013387.30255

mk 12/31/97
LP-1785

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 DEC 31 AM 9:17
EFFECTIVE DATE

**CERTIFICATE OF LIMITED PARTNERSHIP OF
THE GAVALAS FAMILY LIMITED PARTNERSHIP,
a Florida Limited Partnership**

The undersigned General Partners, desiring to form a limited partnership pursuant to the Florida Revised Uniform Limited Partnership Act (1986) as set forth in Section 620.101 of the Florida Statutes, hereby state the following:

1. The name of the Partnership is **THE GAVALAS FAMILY LIMITED PARTNERSHIP** (the "Partnership").
2. The mailing address of the Partnership is 1149 Circle Drive, Tallahassee, Florida 32302.
3. The name and address of the agent for service of process on the Partnership are **Van P. Geeker**, 227 South Calhoun Street, Tallahassee, Florida 32301.
4. The names and business addresses of the General Partners are **NICHOLAS G. GAVALAS**, 1149 Circle Drive, Tallahassee, Florida 32302; and **JANET T. GAVALAS**, 1149 Circle Drive, Tallahassee, Florida 32302.
5. The latest date upon which the Partnership shall dissolve is December 31, 2027.
6. The effective date of this Certificate of Limited Partnership shall be January 1, 1998.

The execution of this Certificate by the undersigned General Partners constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

FILED STATE
SECRETARY OF CORPORATIONS
DEC 31 AM 9:17

FILED STATE
SECRETARY OF CORPORATIONS
EFFECTIVE DATE
11/1/98

IN WITNESS WHEREOF, this Certificate of Limited Partnership
has been executed by all of the General Partners of THE GAVALAS
FAMILY LIMITED PARTNERSHIP on this 15th day of December, 1997.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 DEC 21 AM 9:17


NICHOLAS G. GAVALAS
General Partner

EFFECTIVE DATE
11/1/97


JANET T. GAVALAS
General Partner

vpg\doc\gavalas.314
013387.30255

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 DEC 31 AM 9:17

CERTIFICATE OF ACCEPTANCE OF REGISTERED AGENT

Having been named registered agent and to accept service of process for The Gavalas Family Limited Partnership, a Florida limited partnership, at the place designated in the Certificate of Limited Partnership, the undersigned hereby accepts said appointment and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of his duties and is familiar with and accepts the obligations of his position as registered agent.

EFFECTIVE DATE
11/1/97

Van P. Geeker
Van P. Geeker
Registered Agent
Date: December 31, 1997

vpg\doc\gavalas.reg
013387.30255

STATE OF FLORIDA)

COUNTY OF LEON)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 DEC 31 AM 9:17

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

The undersigned, NICHOLAS G. GAVALAS and JANET T. GAVALAS, as General Partners of THE GAVALAS FAMILY LIMITED PARTNERSHIP, a Florida limited partnership (the "Partnership"), Tallahassee, Florida, certify as follows:

EFFECTIVE DATE
11/1/97

1. The total amount of capital contributions to the Partnership ^{to be} made by the Initial Limited Partners is \$2,000,000.00.

2. No additional capital contributions are anticipated to be contributed by the Limited Partners to the Partnership.

FURTHER AFFIANTS SAITH NOT.

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


NICHOLAS G. GAVALAS
General Partner


JANET T. GAVALAS
General Partner

STATE OF FLORIDA

COUNTY OF LEON

The foregoing instrument was acknowledged before me this 15th day of December, 1997, by **NICHOLAS G. GAVALAS**, as General Partner, (✓)who is personally known to me, or ()who produced _____ as identification.

Van P. Geeker

Signature of Notary

Notary Stamp/Seal:



STATE OF FLORIDA

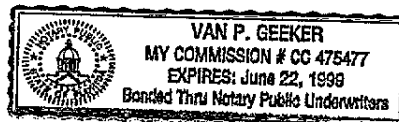
COUNTY OF LEON

The foregoing instrument was acknowledged before me this 15th day of December, 1997, by **JANET T. GAVALAS**, as General Partner, (✓)who is personally known to me, or ()who produced _____ as identification.

Van P. Geeker

Signature of Notary

Notary Stamp/Seal:



vpg\doc\gavalas.302
013387.30255

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 DEC 31 AM 9:47

EFFECTIVE DATE
11/1/97