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FAX #: (850)922-4000

FROM: FOLEY & LARDNER
CONTACT: VALERIE HODGE

ACCT#: 072720000061

PHONE: (904)359-2000

FAX #: (904)359-8700

NAME: ACADEMY FUND, L.P.

AUDIT NUMBER.....H97000021498

DOC TYPE.....FLORIDA LIMITED PARTNERSHIP

CERT. OF STATUS..0 PAGES..... 4

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FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

January 2, 1998

FOLEY & LARDNER
200 LAURA STREET
JACKSONVILLE, FL 32202

SUBJECT: ACADEMY FUND, L.P.
REF: W9800000044

This will acknowledge receipt of your correspondence which is being returned for the following reason(s):

The limited partnership name designated in the document is not available since it is the same as, or not distinguishable from the name of another entity on file with this office. Please select a new name and make the substitution in all the appropriate places.

You must add a limited partnership suffix to the name, such as LTD., LIMITED, or LIMITED PARTNERSHIP.

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) 487-6913.

Diane Cushing
Corporate Specialist

FAX Aud. #: H97000021498
Letter Number: 798A00000061

*Diane - Resubmitting as we discussed
I just leave 12/31/97 filing date.
Thank you!*

**CERTIFICATE OF LIMITED PARTNERSHIP OF
ACADEMY FUND, LTD.
A Florida Limited Partnership**

The undersigned general partner, desiring to form a limited partnership, pursuant to the Florida Revised Uniform Limited Partnership Act, Chapter 620, Florida Statutes, hereby states the following:

1. The name of the Partnership is Academy Fund, Ltd.
2. The address of the office of the Partnership is 108 Teal Nest Court, Ponte Vedra Beach, Florida 32082.
3. The name and address of the agent for service of process on the Partnership is F&L Corp., 200 Laura Street, Jacksonville, Florida 32202.
4. The name and address of the general partner of the Partnership are as follows:

First Coast Hedge Fund, Inc.
108 Teal Nest Court
Ponte Vedra Beach, Florida 32082
5. The mailing address of the Partnership is 108 Teal Nest Court, Ponte Vedra Beach, Florida 32082.
6. The latest date upon which the Partnership shall dissolve is December 31, 2030.

The date of formation of the Partnership shall be the date of filing of this Certificate with the Florida Department of State.

IN WITNESS WHEREOF, this Certificate of Limited Partnership has been executed by the sole general partner of the Partnership this 31st day of December, 1997.

FIRST COAST HEDGE FUND, INC.


By: Ross V. Keeler, Chief Executive Officer

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ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been named as registered agent for Academy Fund, Ltd., a Florida limited partnership (the "Partnership") in the foregoing Certificate of Limited Partnership, I, F&L Corp., on behalf of the Partnership, hereby agree to accept service of process for said Partnership and to comply with any and all Statutes relative to the complete and proper performance of the duties of registered agent.

REGISTERED AGENT
F&L Corp.

By: William D. King
William D. King, Authorized Signatory

Date: December 31, 1997

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STATE OF FLORIDA)
)
COUNTY OF DUVAL)

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned authority, personally appeared Ross V. Keeler, the Chief Executive Officer of the general partner of Academy Fund, Ltd., a Florida limited partnership (the "Partnership"), who, being by me duly sworn, certified as follows:

1. There have been no capital contributions made by limited partners as of the date hereof.
2. Capital contributions of \$7,500 are anticipated to be made by the limited partners of the Partnership.

FURTHER AFFIANT SAYETH NOT.

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

IN WITNESS WHEREOF, the undersigned has executed this Affidavit this 31st day December, 1997.

FIRST COAST HEDGE FUND, INC.


By: Ross V. Keeler, Chief Executive Officer

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The foregoing instrument was acknowledged before me this 31st day of December, 1997,
by Ross V. Keeler. Such person did take an oath and: *(notary must check applicable box)*

- ☒ is/are personally known to me.
- ☐ produced a current Florida driver's license as identification.
- ☐ produced _____ as identification.

{Notary Seal must be affixed}

Valerie R. Hodge
Signature of Notary



Valerie R. Hodge
MY COMMISSION # CC516536 EXPIRES
December 6, 1999
BONDED THRU TROY FAIN INSURANCE, INC.

Name of Notary (Typed, Printed or Stamped)

Commission Number (if not legible on seal):

My Commission Expires (if not legible on seal):

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