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Requestor's Name
 Address
 City/State/Zip
 Phone #

Angela Hatcher
 1249 Sedgelyield Road
 Tall. FL 32311
 878-8033

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 Office Use Only ****148.75 ****148.75

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Marionna Hall Apartments Ltd.
 (Corporation Name) (Document #)
2. _____
 (Corporation Name) (Document #)
3. _____
 (Corporation Name) (Document #)
4. _____
 (Corporation Name) (Document #)

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 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 98 MAR 25 AM 11:36

- Walk in Pick up time _____ Certified Copy
 Mail out Will wait Photocopy Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input checked="" type="checkbox"/>	Limited Liability <i>Partnership</i>
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

A98-765

Name Availability	<i>AL-3-25</i>
Document Examiner	<i>[Signature]</i>
Updater	<i>[Signature]</i>
Updater Verifier	<i>[Signature]</i>
Acknowledgement	<i>[Signature]</i>
W. P. Verifier	<i>[Signature]</i>

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Examiner's Initials	
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**CERTIFICATE OF LIMITED PARTNERSHIP
& AFFIDAVIT OF CAPITAL CONTRIBUTIONS
OF**

**MARIANNA HALL APARTMENTS, LTD.
a Florida Limited Partnership**

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The undersigned, pursuant to the provisions of Section 620.108, Florida Statutes, does hereby certify and swear in this Certificate of Limited Partnership to the following:

I. NAME: The name of the partnership shall be:

MARIANNA HALL APARTMENTS, LTD.

II. NAME AND ADDRESS OF RESIDENT AGENT: The name and address of the agent and office for service of process of the limited partnership shall be:

ANGELA HATCHER
1249 Sedgefield Road
Tallahassee, Florida 32311

III. GENERAL PARTNER: The name and address of the general partner of the limited partnership shall be:

GARY HALL

Mailing Address:	Street Address:
P.O. Drawer 6657	2967 Ross Clark Circle
Dothan, Alabama, 36302	Dothan, Alabama, 36301

IV. LOCATION OF PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS:
The limited partnership's principal place of business and mailing address shall be:

Mailing Address:	Street Address:
P.O. Drawer 6657	2967 Ross Clark Circle
Dothan, Alabama, 36302	Dothan, Alabama, 36301

V. TERM: The term for which the limited partnership is to exist will be from the date of the filing of this Certificate of Limited Partnership until dissolution, which shall be:

- A. on or before January 31, 2000;
- B. the sale, abandonment or disposal by the limited partnership of all or substantially all of its assets;


- C. the entry of a final judgement, order or decree of a court of competent jurisdiction adjudicating the limited partnership to be bankrupt, and the expiration of the period, if any, allowed by applicable law to appeal therefrom;
- D. the failure to continue the Partnership and designate a new General Partner in accordance with the terms of the Marianna-Hall Apartments, Ltd. Limited Partnership Agreement (the "Agreement") within ninety (90) days following the occurrence of the death, incapacity, mental incompetency, expulsion, withdrawal, retirement, receivership or bankruptcy of a General Partner (or the dissolution, merger, consolidation or reorganization of any General Partner which is not an individual); or
- E. the failure of the Partners to fund any operating deficit, the effect of which would be to render the Partnership insolvent.

VI. The original capital contributions to the partnership shall be as follows:

The amount of capital contributions to date of the limited partners is \$100.00. The total amount contributed and anticipated to be contributed by the limited partners at this time totals \$100.00.

The undersigned hereby acknowledges under the penalties of perjury that I (we) have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Executed this 20th day of February, 1998.



 GARY HALL, General Partner

RESIDENT AGENT CERTIFICATE

Having been named to accept service of process for the above stated limited partnership, hereby accept appointment as its agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as resident agent.



 ANGELA HATCHER

Dated this 20th day of February, 1998

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