

Document Number Only

A98000001033

C T CORPORATION SYSTEM

660 East Jefferson Street

Requestor's Name

Tallahassee, Florida 32301

Address

(850) 222-1092

City

State

Zip

Phone

CORPORATION(S) NAME

600002501036--8

-04/27/98--01048--021

***785.00 ***785.00

600002501036--8

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***1000.00 ***1000.00

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
98 APR 27 PM 4:12

MM & PP 641

- | | | |
|---|---|---|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | | |
| <input type="checkbox"/> Limited Liability Company | | |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| <input checked="" type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Fict. Filing | <input type="checkbox"/> Change of R.A. |
| <input type="checkbox"/> Limited Liability Partnership | | <input type="checkbox"/> UCC-1 UCC-3 |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Photo Copies | <input checked="" type="checkbox"/> CUS |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call if Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

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Document Examiner
Updater
Verifier
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APR 27 1998

Thanks, Melanie

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Please let me know
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BK

4/27/98

CR2E031 (1-89)

CERTIFICATE OF LIMITED PARTNERSHIP OF

MM & PP, LTD.

A Florida Limited Partnership

THE UNDERSIGNED, being the sole general partner of MM & PP, Ltd. (the "Partnership"), does hereby execute this Certificate of Limited Partnership for the purposes of forming a limited partnership pursuant to the provisions of the Florida Revised Uniform Limited Partnership Act, F.S. 620.101, et seq.

ARTICLE I

Name

The name of the Partnership shall be "MM & PP, Ltd."

ARTICLE II

Registered Office and Registered Agent

The address of the office and the name and address of the agent for service of process is CT Corporation, 1200 South Pine Island Road, Plantation, FL 33324.

ARTICLE III

General Partners

The name and business address of the sole general partner of the Partnership is as follows:

PMPL, Inc.
4323 Rock Creek Drive
Port Charlotte, Florida 33952

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ARTICLE IV

Mailing Address

The mailing address for the Partnership is 4323 Rock Creek Drive, Port Charlotte, Florida 33952.

ARTICLE V

Termination

The latest date on which the Partnership is to dissolve is May 20, 2097.

ARTICLE VI

Effective Date

This Certificate of Limited Partnership shall be effective upon filing with the Department of State of the State of Florida.

IN WITNESS WHEREOF, under penalties of perjury, the undersigned, on this 31st day of March, 1998, declares that it has read the foregoing and knows the contents thereof and that the facts stated herein are true and correct.

PMPL, Inc., General Partner

By: Madeline Castellotti, Pres.
Madeline Castellotti, President

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AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR MM & PP, LTD.

THE UNDERSIGNED, being the sole general partner of MM & PP, Ltd., a Florida limited partnership, hereby certifies as follows:

There are no capital contributions to date of the limited partners.

The total amount contributed and anticipated to be contributed by the limited partners at this time is \$813,434.

IN WITNESS WHEREOF, under penalties of perjury, the undersigned, declares that it has read the foregoing and knows the contents thereof and that the facts stated herein are true and correct.

PMPL, Inc., General Partner

By: Madeline Castellotti, Pres.
Madeline Castellotti, President

DATED: March 31, 1998

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MM & PP, Ltd.

HAVING BEEN NAMED AS REGISTERED AGENT AND TO RECEIVE SERVICE OF
PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED
IN THESE PROVISIONS, I HEREBY ACCEPT THE APPOINTMENT AS
REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER
AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO
THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM
FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS
REGISTERED AGENT.

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98 APR 27 PM 4:12

DATE: 4/27/98

CT CORPORATION SYSTEM

BY: Connie Bryan

Connie Bryan,
Special Assistant Secretary