8000001616 BIOSOLO SAINT AUGUSTINE PE Address TALLAHASSES 12 32311-8538 City/State/Zip Phone # Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): 1. (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Certified Copy Pick up time _ Walk in Photocopy Certificate of Status Mail out Will wait AMENDMENTS NEW FILINGS Amendment Profit Resignation of R.A., Officer/Director NonProfit Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Other Merger REGISTRATION/ OTHER FILINGS QUALIFICATION ... Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement

Examiner's Initials

Trademark

Other

CR2E031(1/95)

CERTIFICATE OF LIMITED PARTNERSHIP

exe	The partners of WORTHWHILE PROPERTIES cute the following Certificate of Limited Partnership:	LIMITED, a Limited Parmersinp (neventation Farthersinp), neverly
1.	The name of the Partnership shall be: WORTHWHI	LE PROPERTIES LIMITED.
2.	The business address of the limited partnership is: 8105 Old Saint Augustine Road, Tallahassee, Florida 32301-8538	
3.	The registered agent for service of process is: CURTI	S E. BAYNES.
4.	The street address of the registered agent is: 8105 Old	d Saint Augustine Road Fallahassee, Florida 32311-8538.
5.	Signature of Registered Agent, accepting designation:	_ luly trayru_ ?
6.	The mailing address of the limited partnership is: Post Office 5491, Tallahassee, Florida 82314-5491.	
7.	 a) On the dissolution of the partnership by law; b) On dissolution at any time agreed on by the general partners; c) On dissolution following thirty (30) days' written notice by a general partner to the other general partner or partners; or d) On dissolution at the close of the month following the qualification and appointment of the personal representative of a deceased general partner, and following the exercise by the surviving general partner or partners of an option granted by this agreement to cause the partnership to be dissolved as of the close of such month. 	
8. The name and address of each general partner at the time of the original admission to the partnership of such partner are the following:		
	General Partner	Mailing Address
	Curtis E. Baynes	Post Office Box 5491, Tallahassee, Florida
9. There are at least two partners in the partnership, at least one of whom is a limited partner.		
10. This Partnership shall be deemed formed at the time of filing this Certificate of Limited Partnership in the office of the Secretary of State.		
Under penalties of perjury I declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct. Signed this day of, 19		
	TATE OF FLORIDA) OUNTY OF LEON)	
BEFORE ME, the undersigned authority, did personally appear CURTIS E. BAYNES, who produced satisfactory evidence of identification, and who did sign the foregoing instrument in my presence. Type of identification produced: Notary Public (tripled name)		
_=	FIDL 8 50010551 2960	Notary Public (printed name) KATHLEEN R. LYONS My Commission Expires: My Commission # CC 611348 EXPIRES: February 14, 2001 Bonded Thru Notary Public Underwriters

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

FOR FLORIDA LIMITED PARTNERSHIP

The undersigned, constituting all of the general partners of WORTHWHILE PROPERTIES LIMITED, a Florida Limited Partnership, certify:

The amount of capital contributions to date of the limited partnership is zero.

The total amount contributed and anticipated to be contributed by the limited partners at this time totals \$50,000.

Signed this $\int \mathcal{F} day of July 1998$

FURTHER AFFIANT SAYETH NOT.

Under penalties of perjury I declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct,

CURTIS E. BAYNES, General Partner

STATE OF FLORIDA)
COUNTY OF LEON)

BEFORE ME, the undersigned authority, did personally appear CURTIS E. BAYNES, who produced satisfactory evidence of identification, and who did sign the foregoing instrument in my presence.

Type of identification produced:

FIDE BODDIOSST 2960

Notary Public (printed name): My Commission Expires:

