CAPITAL CONDICTION III. 417 E. Virginia Street, Suite 1 • Tallabesser, Fluxia 35-02 (850) 224-8370 • 1-8000-342-8062 • Tax (850) 222-1222

The MaeNab Partnership	Limited	1000025274216 -08/28/9801039004 *****87.50 *****87.50
		Att of Inc. File
Requested by: Name Walk-In	SOS 10507 Date Time Will Pick Up	Corp Record Search Officer Search Fictitious Search Vehicle Search Driving Record UCC 1 or 3 File UCC 11 Search UCC 11 Retrieval Contier

<u>CERTIFICATE OF LIMITED PARTNERSHIP OF</u> The MacNab Limited Partnership, a Florida limited partnership

The undersigned general partners desiring to form a limited partnership pursuant to Florida Revised Uniform Limited Partnership Law hereby state the following:

- 1. The name of the Partnership is The MacNab Limited Partnership.
- 2. The address of the office of the Partnership is c/o Domenic Macaione, 4187 Kirkaldy Drive, Palm Harbor, Florida 34685.
- 3. The name and address of the agent for service of process on the Partnership are Domenic Macaione, 4187 Kirkaldy Drive, Palm Harbor, Florida 34685.
 - 4. The names and business addresses of the general partners are as follows:

Domenic A. Macaione

4187 Kirkaldy Drive

Palm Harbor, Florida 34685

Lorraine S. Macaione

4187 Kirkaldy Drive

Palm Harbor, Florida 34685

- 5. The mailing address of the Partnership is 4187 Kirkaldy Drive, Palm Harbor, Florida 34685.
 - 6. The latest date upon which the Partnership shall dissolve is December 31, 2028.

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.

IN WITNESS WHEREOF, this Certificate of Limited Partnership has been executed by all of the general partners of The MacNab Limited Partnership this 18th day of 1998.

GENERAL PARTNERS:

DOMENIC A. MACAIONE

LORRAINES MACAIONE

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been named as registered agent for The MacNab Limited Partnership, a Floridal limited partnership (the "Partnership") in the foregoing Certificate of Limited Partnership, I, one 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 property performance of the duties of registered agent.

REGISTERED AGENT

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STATE OF FLORIDA COUNTY OF ORANGE

AFFIDAVIT OF CAPITAL CONTRIBUTION

BEFORE ME, the undersigned personally appeared DOMENIC A. MACAIONE and LORRAINE S. MACAIONE constituting all of the general partners of **The MacNab Limited**Partnership, a Florida limited partnership, hereinafter referred to as the "Partnership,"

The MacNab Limited partnership, hereinafter referred to as the "Partnership,"

The MacNab Limited partnership, hereinafter referred to as the "Partnership,"

1. The amount of capital contributions to the Partnership made by each limited partner are as follows:

Domenic A. Macaione	\$ 100.00
Lorraine S. Macaione	\$ 100.00
Steven M. Macaione	\$ 100.00
Stacy L. Seier	\$ 100.00
Scott J. Macaione	\$ 100.00

2. The amount of additional capital contributions anticipated to be contributed by each limited partner are as follows:

Domenic A. Macaione	\$ 100,00	
Lorraine S. Macaione	\$ 100.00	
Steven M. Macaione	\$ 100.00	
Stacy L. Seier	\$ 100.00	
Scott J. Macaione	\$ 100.00	

FURTHER AFFIANT SAYETH NAUGHT.

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

GENERAL PARTNER(S)

DOMENIC A. MACAIONE

OPPAINES MACAIONE

Date: <u>August 18</u>, 1998

BEFORE ME, the undersigned officer, a Notary Public authorized to administer on and for the State and County set forth above, personally appeared DOMENIC A. MACAIONE (General Partner) and LORRAINE S. MACAIONE (General Partner) known to me and known by me to be the persons who executed the foregoing Affidavit of Capital Contribution, and they acknowledged to me and before me that they executed this Affidavit as General Partner of said Partnership.

MAURICE SHAMS
MY COMMISSION # CC460034 EXPIRES
August 18, 1999
BONDED THRU TROY FAIN INSURANCE, INC.

Notary Public, State of Florida

Print Name: Maurice, Shums

My Commission Expires: 8-18-99

[Notary Seal]

M:\MACAIONE\LTD-PSHP\CAPCONT.AFF