

A9800002929

HOLD



UCC FILING & SEARCH SERVICES, INC.
526 East Park Avenue
Tallahassee, FL 32301
(850) 681-6528

**FOR PICKUP BY
UCC SERVICES**

OFFICE USE ONLY (Document #)

712266

000002727830--8
-12/31/98--01048--011
***1785.00 ***1785.00

CORPORATION NAME(S) AND DOCUMENT NUMBER(S) (if known):

The Alice Millikan Family LP

File and

- Walk In
- Mail Out
- Will Wait
- Photocopy

Pick Up Time

Certified Copy

Certificate of Status

Certificate of Good Standing

ARTICLES ONLY

ALL CHARTER DOCS

RUSH

*TC \$2,199,666.00
need*

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

DEC 31 PM 3:2

FILED

12/31

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

12/31

Name _____

Available for FICTITIOUS NAME

Document _____

Excluded from FICTITIOUS NAME SEARCH

Updater _____

CORP SEARCH

Verifier _____

Acknowledgement _____

W. P. Verityer _____

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

DEC 31 AM 1:42

FILED

Ordered By: _____

Date: _____

*FF \$1750.00
RA 35.00*

CERTIFICATE OF LIMITED PARTNERSHIP
THE ALICE MILLIKAN FAMILY LIMITED PARTNERSHIP
a Florida Limited Partnership

The undersigned General Partner, desiring to form a limited partnership pursuant to the Florida Revised Uniform Limited Partnership Act (1986), hereby states:

A. The name of the Limited Partnership is: The Alice Millikan Family Limited Partnership.

B. The address of the office of the Limited Partnership and the name and address of the agent for service of process (whose consent to appointment is set forth below) are as follows:

Address of the office of the Limited Partnership:

205 Magnolia Street
New Smyrna Beach, Florida 32168

Agent for service of process:

Brent Millikan
205 Magnolia Street
New Smyrna Beach, Florida 32168

C. The name and business address of every General Partner is as follows:

Millikan Management, Inc.
205 Magnolia Street
New Smyrna Beach, Florida 32168

ppg-108299

D. The Limited Partnership's mailing address is:

205 Magnolia Street
New Smyrna Beach, Florida 32168

E. The latest date upon which the limited partnership is to dissolve is December 31, 2045.

The execution of this certificate by the General Partner 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 on behalf of the sole General Partner of Alice Millikan Family Limited Partnership, this ___ day of December, 1998.

General Partner

MILLIKAN MANAGEMENT, INC., a Florida corporation

By: [Signature]
Print: BRENT MILLIKAN
Title: PRESIDENT

STATE OF FLORIDA
COUNTY OF VOLUSIA

The foregoing Certificate of Limited Partnership was acknowledged before me this 30th day of December, 1998, by Brent Millikan, as President of Millikan Management, Inc., a Florida corporation. He is personally known to me or has produced _____ as identification.

NOTARY PUBLIC:

Sign: [Signature]
Print: Patricia N. Szewczuk

State of Florida At Large
(Seal)

My Commission Expires:

Title/Rank: _____
Serial Number: _____



Patricia N. Szewczuk
MY COMMISSION # CC595157 EXPIRES
January 24, 2001
BONDED THRU TROY FAIN INSURANCE, INC.

**ACCEPTANCE OF DESIGNATION
AS AGENT FOR SERVICE OF PROCESS**

The undersigned hereby accepts the designation by the above named Limited Partnership as its Agent for Service of Process in accordance with Florida Statutes §620.105 as of the 30 day of DECEMBER, 1998.

[Signature]
Brent Millikan

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

**ALICE MILLIKAN FAMILY LIMITED PARTNERSHIP
a Florida Limited Partnership**

STATE OF FLORIDA
COUNTY OF VOLUSIA

BEFORE ME, the undersigned authority, personally appeared Brent Millikan as President of Millikan Management, Inc., a Florida corporation and the sole general partner of The Alice Millikan Family Limited Partnership (the "Partnership"), who upon being duly sworn, certified as follows:

1. The Partnership has not received any contributions from limited partners to date.
2. At this time, it is anticipated that the limited partners will contribute, in the aggregate, contributions totalling \$2,199,666.

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

MILLIKAN MANAGEMENT, INC., a
Florida corporation

By: *B. Millikan*
 Print: BRENT MILLIKAN
 Title: GENERAL PARTNER

30th The foregoing Affidavit of Capital Contributions was acknowledged before me this day of December, 1998, by Brent Millikan as President of Millikan Management, Inc., a Florida corporation, on behalf of the corporation. He is personally known to me or has produced _____ as identification.

NOTARY PUBLIC:

Sign: *Patricia N. Szewczuk*
 Print: PATRICIA N. SZEWCZUK

State of Florida At Large

(Seal)

My Commission Expires:

Title/Rank: _____

Serial Number: _____

