A99000000095

103 N. MERIDIAN STREET, LOWER LEVEL TALLAHASSEE, FL 32301 222-1173

> FILING COVER SHEET ACCT. #FCA-14

CONTACT:	CINDY HICKS	9000027436592 -01/15/9901046003 ***1837.50 ***1837.50
REF. #: CORP. NAME:	The Tail Fam	ily Limited Partnership
() ARTICLES OF INCORPO () ANNUAL REPORT () CERT. OF AUTHORITY () REINSTATEMENT () CERTIFICATE OF CANC	() TRADEMARK/SERVICE MA LIMITED PARTNERSHIP () MERGER	2 でで
	O WITH CHECK# <u>BOBSO</u> FO R ACCOUNT IF TO BE DEBITED: 	BK.
PLEASE RETURN:	() CERTIFICATE O	F STATUS () PLAN STAMPED COPY
Examiner's Initials		RECEIVED 9 JAN 15 AM 9: 37 1SION OF CORPORATION



CERTIFICATE OF LIMITED PARTNERSHIP OF THE TAIT FAMILY LIMITED PARTNERSHIP,

a Florida limited partnership

The undersigned general partners desiring to form a limited partnership pursuant to the Florida Revised Uniform Limited Partnership Law as set forth in Chapter 620 of the Florida Statutes, do hereby state the following:

1. The name of the Partnership is:

THE TAIT FAMILY LIMITED PARTNERSHIP

2. The address of the office of the Partnership is:

2410 Harbourside Drive, #154 Longboat Key, FL 34228

3. The name and address of the agent for service of process on the Partnership is as follows:

John E. Tait 2410 Harbourside Drive, #154 Longboat Key, FL 34228

4. The name and business address of the general partners are as follows:

John E. Tait & Erlane D. Tait 2410 Harbourside Drive, #154 Longboat Key, FL 34228

5. The mailing address of the Partnership is:

2410 Harbourside Drive, #154 Longboat Key, FL 34228

6. The latest date upon which the Partnership shall dissolve is December 31, 2048, unless the term of the Partnership is further extended by a Majority in Interest of the Partners as defined in the Limited Partnership Agreement.

#293112.1

7. The effective date of this Certificate of Limited Partnership shall be the effective date of the filing of the certificate of limited partnership with the Department of State.

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.

WITNESSES:

William Martin

Jeanin b. Sawing

William Martin

Criane d. TAIT

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been named to accept service of process for THE TAIT FAMILY LIMITED PARTNERSHIP, at the place designated in the foregoing Certificate of Limited Partnership, I, hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I accept the duties and obligations of Section 620.192 of the Florida Statutes.

Date: 5/19-98

JOHN E. TAIT Registered Agent



STATE OF FLORIDA COUNTY OF SARASOTA

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned Notary Public, personally appeared JOHN E. TAIT and ERLANE D. TAIT, the general partners of THE TAIT FAMILY LIMITED PARTNERSHIP, a Florida limited partnership, hereinafter referred to as "Partnership", who, upon being duly sworn, certifies as follows:

- 1. The amount of the capital contribution of the limited partners of the Partnership is \$ 396,110.00 ____.
- 2. The amount of additional capital contributions of the limited partners of the Partnership anticipated is \$0.00.

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.

WITNESSES:

GENERAL PARTNERS:

JOHN E. TAIT

Wellium Master

Under D. Tait

ERLANE D. TAIT

Subscribed and acknowledged before me this // day of factories, 1998, by JOHN E. TAIT, who is personally known to me or who has produced // http://www.co.kie.ed. as identification and who did not take an oath.

Notary Public CHERYLLASRIS GORDON
Print Name:

My Commission expires:

CHERYL LASRIS GORDON Notary Public, State of Florida Commission: #CC 500049 Comm. Expires: JAN. 16, 2000 Bonded Thru Official Notary Service 1-800-723-0121

Sym Sold State of the State of

Subscribed and acknowledged before me this // Eay of personally known to me or who has produced // Law of identification and who did not take an oath.

Notary Public Print Name: CHERYL LASRIS GORDON

My Commission expires:

CHERYL LASRIS GORDON Notary Public, State of Florida Commission: #CC 500049 Comm. Expires: JAN. 16, 2000 Bonded Thru Official Notary Service 1-800-723-0121