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From:

Account Name : GASSMAN & CONETTA, P.A.
Account Number : 075350000514
Phone : (727) 442-1200
Fax Number : (727) 443-5829

FLORIDA LIMITED PARTNERSHIP

WILLJERR LIMITED PARTNERSHIP

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**CERTIFICATE OF LIMITED PARTNERSHIP OF
WILLJERR LIMITED PARTNERSHIP**

THE UNDERSIGNED, desiring to form a Limited Partnership under the Florida Revised Uniform Limited Partnership Act, hereby certify as follows:

FIRST: The name of the Limited Partnership is **WILLJERR LIMITED PARTNERSHIP**.

SECOND: The address of the office of the Partnership where the records will be maintained is 3340 Scherer Drive, St. Petersburg, FL 33716.

THIRD: The name and address of the agent for service of process is **ALAN S. GASSMAN, 1245 Court Street, Suite 102, Clearwater, Florida 33756**.

FOURTH: The names, business address and mailing address of each General Partner are as follows:

ALAN S. GASSMAN
1245 Court Street
Suite 102
Clearwater, FL 33756

FIFTH: The mailing address of the Limited Partnership is 3340 Scherer Drive, St. Petersburg, FL 33716. The mailing address and the principal place of business address are the same.


SIXTH: The latest date on which the Limited Partnership is to dissolve October 19, 2049.

WE, the undersigned General Partners, declare under penalties of perjury that we have examined the foregoing and it is true, correct and complete.

Alan S. Gassman, Esquire
1245 Court Street, Suite 102
Clearwater, FL 33756
(813) 442-1200
Florida Bar # 371750
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DATED this 19th day of October, 1999.



ALAN S. GASSMAN
"General Partner"

(Signature of all General Partners required.)

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AFFIDAVIT OF CAPITAL CONTRIBUTIONS

THE UNDERSIGNED, ALAN S. GASSMAN, the General Partner of WILLJERR LIMITED PARTNERSHIP, a Florida Limited Partnership being formed pursuant to Florida Statute § 620.108, does hereby, under penalty of perjury and to the best of the undersigned's knowledge and belief, declare as follows:

The amount of capital contribution of the Limited Partners and the amount anticipated to be contributed by the Limited Partners with respect to the Partnership is \$100.00.

FURTHER, Affiant sayeth not.

DATED this 19th **day of October, 1999.**


ALAN S. GASSMAN

STATE OF FLORIDA)
COUNTY OF PINELLAS)

BEFORE ME, the undersigned authority, personally appeared ALAN S. GASSMAN, who expressed that he executed the foregoing Affidavit for the purposes therein expressed.

WITNESS my official hand and seal this 19th **day of** October **, 1999.**


Notary Public

My Commission Expires:

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