

REFERENCE: 466794 4326591

AUTHORIZATION:

COST LIMIT : PPD -

ORDER DATE: November 5, 1999

ORDER TIME: 9:55 AM

ORDER NO. : 466794-005

CUSTOMER NO: 4326591 _ _

CUSTOMER: Debbie Baker, Legal Assistant

FOWLER WHITE GILLEN BOGGS FOWLER WHITE GILLEN BOGGS

Suite 1700

501 East Kennedy Boulevard

Tampa, FL 33602

DOMESTIC FILING

NAME: BLUCHER BRIDGES & GAYL

CHRISTIE FAMILY_PARTNERSHIP,

LTD.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Erika Carlson

EXAMINER'S INITIALS:

300003037193--1

-11/08/99--01002--002

****689.50 ****689.50

CERTIFICATE OF LIMITED PARTNERSHIP

In accordance with Florida Statute Section 620.108, Certificate of Limited Partnership shall be filed with the Department of State of Florida, setting forth the following:

- The name of this limited Partnership shall be 1. "Blucher Bridges & Gayl Christie Family Partnership, Ltd."
- Registered Agent and Address. The office and the name of the agent for service of process required to be maintained is as follows:

Blucher B. Bridges 102 Huron Avenue Tampa, Florida 33606

The name and business address of each General Partner. general partner is:

> Blucher B. Bridges 102 Huron Avenue Tampa, Florida 33606

> Alice Gayl Christie 102 Huron Avenue Tampa, Florida 33606

4. Mailing Address. The principal office and mailing address of the limited partnership is:

> 102 Huron Avenue Tampa, Florida 33606

5. Termination Date. The latest date upon which the limited partnership is to dissolve is December 31, 2049.

Blucher B. Bridges, General Partner

Alice Gayl/Christie, General Partner

and Registered Agent

STATE OF FLORIDA

COUNTY OF HILLSBOROUGH			
The foregoing instrument	t was acknowl	edged before me	this <u>Wata</u>
of Oxtoler, 1999, by BLUCHE	ER B. BRIDGES	, who is persona	lly known
to me or who has produced	NIA	as identi	fication.
	Print Name My Commiss:	Deborah Lee Baker Notary Public, State of Florida No. CC641663 Thru: Official Notary Service 1-(800) 723-0121	e Baker
STATE OF FLORIDA COUNTY OF HILLSBOROUGH The foregoing instrument of () () () () () () () () () () () () ()	LICE GAYL CHI	RISTIE, who is <u>p</u>	
identification.	-	•	
	My Commiss	"NOTARY PUBLIC" ion Expires: Deborah Lec Baker Notary Public, State of Florida	e Baker
		y Comm. Expires Jun. 20, 2001 No. CC641663 'hru: Official Notary Service 1-(800) 723-0121	

EJB\5235

STATE OF FLORIDA .

COUNTY OF HILLSBOROUGH

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, THE UNDERSIGNED AUTHORITY, personally appeared BLUCHER B. BRIDGES and ALICE GAYL CHRISTIE, known to me to be the general partners of BLUCHER BRIDGES & GAYL CHRISTIE FAMILY PARTNERSHIP, LTD., a Florida limited partnership, who, before me first duly sworn, declare as follows:

- 1. The amount of capital initially contributed to the Partnership by the limited partners is \$1,960.00.
- 2. The limited partners presently anticipate contributing additional funds to the Partnership; and the total amount contributed and anticipated to be contributed is \$_86,000.00

Blucher B. Bridges, General Partner

Alice Gayl Christie, General Partner

STATE OF FLORIDA COUNTY OF HILLSBOROUGH

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The foregoing in				5.5
of October, 199	99, by BLUC	HER B. BRI	DGES, who is	personally
known to me or w	ho has pr	oduced	P1A	as
identification.				
	_	Solmat	Lee Bak	<u>e</u>
	P	rint Name	Deborah L	ee Baker
		***]	NOTARY PUBLIC	u .
	М	y Commissi	on Expires:	_
		A No	Deborah Lec Baker tary Public, State of Florida omm. Expires Jun 20, 2001	
			No. CC641663 i: Official Notary Servic 1-(800) 723-0121	1
STATE OF FLORIDA COUNTY OF HILLSBOROUG	3H			
The foregoing ir	etrument w	as acknowle	edged before m	ne this 264w
of October, 199				
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identification.				
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	P	rint Name	Deborahl	er Baker
		n;	NOTARY PUBLIC	11
	М	y Commissi	on Expires:	
			Deborah Lee Baker lotary Public, State of Floric Gomm. Expires Jun. 20, 20	da
TTR) 5236	_		Comm. Expires Jun. 20, 20 No. CC641663 ru: Official Notary Servi	. 1