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From:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number: 071001002335

Phone : (305)599-0839 Fax Number : (305)716-0346

FLORIDA LIMITED PARTNERSHIP

HOPKINS FAMILITY LIMITED PARTNERSH

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FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

November 9, 1999

FAS-T CORP AGENTS

SUBJECT: HOPKINS FAMILITY LIMITED PARTNERSHIP

REF: W99000025888

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AFFIDAVIT AND CERTIFICATE OF HOPKINS FAMILY LIMITED PARTNERSHIP, a Florida Limited Partnership

THIS CERTIFICATE is executed on the 28th day of October 1999, with respect to the agreement of the Hopkins Family Limited Partnership, Plorida Limited Partnership (The Partnership").

- 1. Name. The Partnership's name is the Hopkins Family Limited Partnership
- 2. Partnership's Business. The Partnership's business and purpose is to engage in any lawful act or activity in which a partnership may engage, including, but without limitation, to engage generally in any and all phases of business of owning, holding, managing, controlling, acquiring, purchasing, disposing of or otherwise dealing in or with any interests or rights in any real or personal property, directly or through one or more other partnerships or other entities or arrangements.
- 3. Registered Agent. The name and street address of the Partnership's Registered Agent

Marcia L. York 18227 Cutless Drive Fort Myers Beach, FL 33931

4. Specified office. The mailing address and the principal place of business of the office at which its records are kept is:

> 18227 Cutlass Drive Fort Myors Beach, FL 33931

Partners. The name and post office address of the General Partner is: S.

> Marcia L. York as Trustee 18227 Cutlass Drive Fort Myers Beach, FL 33931

Dissolution. The latest date on which the Limited Partnership is to be dissolved and its affairs wound up is October 27, 2029

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7. <u>Capital Contribution</u> The amount of the capital contributions of the Limited Partners and the amount: anticipated to he contributed by the Limited Partners is \$30,000.00.

IN WITNESS WHEREOF, the undersigned General Partner has signed and sealed this Certificate on the day and year first above written.

Marcia York Revocable Trust

Detuber 28, 1999

By: Marcia L. York

99 NOV 10 AM 9: 53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF FLORIDA COUNTY OF LEB

The foregoing instrument was acknowledged before me this 28th.

Day of October, 1999, Marcia L. York Revocable Trust General Partner, on behalf of the Hopkins Family Limited Partnership a Florida Limited Partnership, who is personally known to me or () has produced as identification.

Notary Public

Buzzana Ricketere Wife Governmenton Crisical Bipline June 68, 200

Printed Name/My Commission Expires:

Suzarno Ricketon

My Commission COSERSO
Explime June 00, 2001

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been named to accept service of process for the Hopkins Family Limited Partnership, a Plorida Limited Partnership, at the place designated in the foregoing Affidavit and Certificate of Limited Partnership, I, Marcia L. YORK, hereby agree to act in to this capacity, and I further agree to comply with the provisions off all statutes relative to the proper and complete performance of my duties, and I accent the duties and obligations of Section 620.192, Florida Statutes.

Date: 10/28/1497

MARCIA L. YORK

REGISTERED AGENT

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