

A990000002032

HOVIS, BOYETTE & CRAWFORD, P. A.

ATTORNEYS AT LAW
BankFIRST Building, Second Floor
1380 Grand Highway
Clermont, FL 34711

George E. Hovis
Wade Boyette
Jimmy D. Crawford

Post Office Drawer 120848
Clermont, FL 34712-0848
TEL: (352) 394-2103
FAX (352) 394-2105

December 3, 1999

Secretary of State
ATTN: LIMITED PARTNERSHIPS
409 E. Gaines Street
Tallahassee, FL 32399

MJH

700003062507--6
-12/07/99--01017--021
***1875.00 ***1875.00

RE: Smoak Family Limited Partnership

Dear Sir or Madam:

Enclosed please find the following documents for filing in conjunction with the above referenced partnership:

Certificate of Limited Partnership (original and one copy);
Affidavit of Capital Contributions (original and one copy)

together with this firm's check in the sum of \$1,875.00 representing the filing fee and registered agent fee. Please return a stamped copy in the enclosed prepaid UPS envelope.

If you have any questions regarding this matter, please contact our office.

Very truly yours,

HOVIS, BOYETTE & CRAWFORD, P. A.

Wade Boyette
Wade Boyette

KWB/jcg
Enclosures

RECEIVED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 DEC - 6 PM 1:45

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 DEC -6 PM 1:45

**CERTIFICATE OF
LIMITED PARTNERSHIP OF
SMOAK FAMILY LIMITED PARTNERSHIP**

The undersigned, constituting all of the general partners, hereby execute this Certificate of Limited Partnership for the purpose of forming a limited partnership under the laws of the State of Florida.

1. **Name of Partnership.** The name of the Partnership shall be SMOAK FAMILY LIMITED PARTNERSHIP.

2. **Address of Recordkeeping Office; Agent for Service of Process.** The records to be kept pursuant to Florida Statute Section 620.106, shall be located at 8810 CR 561, Clermont, FL 34711, and the name of the Partnership's agent for service of process is Claude E. Smoak, Jr., and the address of the registered agent is 8810 CR 561, Clermont, FL 34711.

3. **Name and Business Address of the General Partners.**

(a) The name and address of the General Partners are:

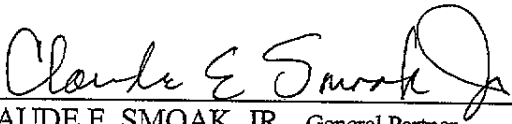
<u>Name</u>	<u>Address</u>
Claude E. Smoak, Jr.	8810 CR 561 Clermont, FL 34711

4. **Mailing Address for the Limited Partnership.** The mailing address for the Limited Partnership shall be P.O. Box 676, Minneola, FL 34755.

5. **Term.** The term for which the Partnership is to exist shall be from the filing of this Certificate in the Office of the Secretary of State of the State of Florida until the 31st day of December, 2049, unless sooner terminated in accordance with the Limited Partnership for SMOAK FAMILY LIMITED PARTNERSHIP.

DATED this 3 day of December, 1999.

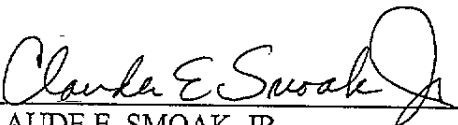
Under the penalties of perjury, I declare that I have read the foregoing and that the facts alleged are true, to the best of my knowledge and belief.



CLAUDE E. SMOAK, JR., General Partner

ACCEPTANCE BY REGISTERED AGENT

Having been named Registered Agent and designated to accept service of process for the within Limited Partnership, at the place designated herein, 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.



CLAUDE E. SMOAK, JR.

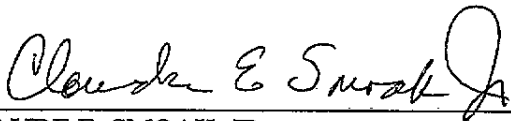
AFFIDAVIT OF CAPITAL CONTRIBUTIONS

The undersigned, constituting all of the general partners of SMOAK FAMILY LIMITED PARTNERSHIP, a Florida Limited Partnership, certifies as follows:

1. To date, the amount of capital contribution of the limited partner is \$0.
2. The total amount contributed and anticipated to be contributed by the limited partner at this time totals \$1,100,000.00.

DATED this 3 day of December, 1999.

Under the 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.



CLAUDE E. SMOAK, JR., General Partner