



THE UNITED STATES
CORPORATION
COMPANY

A99000002220

ACCOUNT NO. : 072100000032

REFERENCE : 527518 95101A

AUTHORIZATION :

COST LIMIT : \$ PPD

ORDER DATE : December 23, 1999

ORDER TIME : 2:06 PM

ORDER NO. : 527518-005

CUSTOMER NO: 95101A

400003079734--0
-12/27/99-01001-013
***1785.00 ***1785.00

CUSTOMER: Ms. Nancy Calhoun
SALLEY FEINBERG & HAMES, P.A.
SALLEY FEINBERG & HAMES, P.A.
P. O. Box 3829

Orlando, FL 32802-3829

DOMESTIC FILING

NAME: THE LEE P. MOORE FAMILY
PARTNERSHIP, L.P.

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
XX CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janna Wilson

EXAMINER'S INITIALS: _____

RECEIVED

99 DEC 23 PM 3:10

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

99 DEC 28 AM 9:46

FILED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

13K
12/28/99



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

December 27, 1999

JANNA WILSON
CSC NETWORKS
TALLAHASSEE, FL

SUBJECT: THE LEE P. MOORE FAMILY PARTNERSHIP, L.P.
Ref. Number: W99000029353

RECEIVED
DIVISION OF CORPORATIONS
99 DEC 28 AM 9:46

We have received your document for THE LEE P. MOORE FAMILY PARTNERSHIP, L.P. and your check(s) totaling \$1785.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida limited partnerships can't use L.P. as a suffix. Please use "LTD." or "LIMITED."

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6914.

Buck Kohr
Corporate Specialist

Letter Number: 899A00060147

RECEIVED
99 DEC 28 AM 9:08
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**CERTIFICATE OF LIMITED PARTNERSHIP
OF
THE LEE P. MOORE FAMILY PARTNERSHIP, LTD.**

FLORIDA STATE
DEPARTMENT OF REVENUE
DIVISION OF CORPORATIONS
99 DEC 28 AM 9:46

The undersigned, desiring to form a partnership pursuant to the Florida Uniform Limited Partnership Act as set forth in Sections 620.101 et seq. of the Florida Statutes, do hereby certify that:

1. The name of the limited partnership is **THE LEE P. MOORE FAMILY PARTNERSHIP, LTD.**

2. The address of the office and the name and address of the agent for service of process to be maintained by Florida Statute §620.105 is:

<u>Name</u>	<u>Address</u>
Stephen G. Salley	390 N. Orange Avenue, #2500 Orlando, Florida 32801

3. The name and address of the General Partner is as follows:

<u>Name</u>	<u>Address</u>
Lee P. Moore	1735 State Road 419 Longwood, Florida 32750

4. The mailing address for the limited partnership is: 1735 State Road 419, Longwood, Florida 32750

5. The latest date upon which the limited partnership is to dissolve is December 31, 2034.

IN WITNESS WHEREOF the undersigned have executed this Certificate this 17th day of December, 1999.

Signed, sealed and delivered
in the presence of:

Delbert A. Arvey
Name: DELBERT ARVEY

Stephen G. Salley
Name: STEPHEN G. SALLEY

THE LEE P. MOORE FAMILY
PARTNERSHIP, LTD., a Florida Limited
Partnership

By Lee P. Moore
Name: Lee P. Moore
Title: General Partner

STATE OF FLORIDA
COUNTY OF SEMINOLE

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned authority, personally appeared Lee P. Moore who is the general partner of THE LEE P. MOORE FAMILY PARTNERSHIP, LTD., a Florida Limited partnership, hereinafter referred to as the "Partnership", of Seminole County, Florida, who upon being duly sworn, on oath, deposes and says to the best of his knowledge and belief:

1. That Lee P. Moore is the general partner of THE LEE P. MOORE FAMILY PARTNERSHIP, LTD., a limited partnership organized under the laws of the State of Florida.
2. That the principal place of business of the limited partnership is 1735 State Road 419, Longwood, Florida 32750.
3. That the amount of the capital contributions of the limited partners to the Partnership is \$2,700,000.00.
4. That the amount of additional capital contributions anticipated to be contributed by the limited partners is \$-0-.

FURTHER AFFIANT SAYETH NOT.

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.

THE LEE P. MOORE FAMILY
PARTNERSHIP, LTD., a Florida limited partnership

By: Lee P. Moore
Lee P. Moore, General Partner

Sworn to and subscribed before me this 17th day of December, 1999.

Stephen G. Salley
Notary Public, State of Florida
My Commission Expires:



CERTIFICATE DESIGNATING PLACE OF BUSINESS FOR THE
SERVICE OF PROCESS WITHIN FLORIDA AND REGISTERED
AGENT UPON WHOM PROCESS MAY BE SERVED

SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 DEC 28 AM 9:46

In compliance with Sections 48.091 and 620.105, Florida Statutes, the following is submitted:

That THE LEE P. MOORE FAMILY PARTNERSHIP, LTD., desiring to organize or qualify as a limited partnership under the laws of the State of Florida, with its principal place of business at 1735 State Road 419, Longwood, Florida 32750, has named Stephen G. Salley, whose address is 390 N. Orange Avenue, #2500, Orlando, Florida 32801, as its agent to accept service of process within the State of Florida.

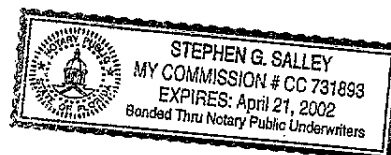
THE LEE P. MOORE FAMILY
PARTNERSHIP, LTD., A Florida limited
partnership

By: Lee P. Moore
Lee P. Moore, General Partner

Having been named to accept service of process for the above-named Limited Partnership, at the place designated in this Certificate, I hereby agree to act in this capacity and I further agree to comply with the provisions of all statutes relative to the proper performance of my duties.

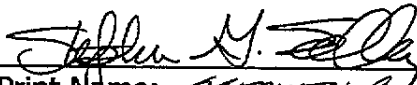
Dated this 17th day of December, 1999.

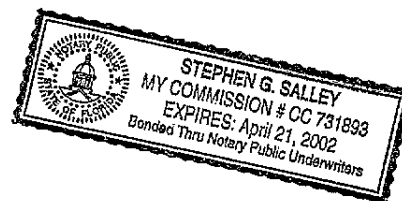
Stephen G. Salley
Stephen G. Salley
Registered Agent



STATE OF FLORIDA
COUNTY OF SEMINOLE

The foregoing Certificate of Limited Partnership instrument was acknowledged before me this 14 of December, 1999, by Lee P. Moore, as General Partner of The Lee P. Moore Family Partnership, LTD., a Florida limited partnership, on behalf of the Partnership. He is personally known to me or has produced _____ as identification.


Print Name: STEPHEN G. SALLEY
Notary Public, State of Florida
My Commission Expires:



FILED STATE
SECRETARY OF CORPORATIONS
99 DEC 28 AM 9:46