| CORPORATE 3 | <u> </u> | AUU | 1/22 | 28 |
|---|--|--|--------------------------|--------------------------------|
| ACCESS, INC. P.O. Box 370 | 236 Hast 64 Ave. 666 (32315-7066) ~ | aie . galahassee, koofi (850) 222 2666 on (80 | da 503 | |
| П.С. Р.О. БОХ 3/0 | 00 (32315-7000) ~ | (850) 222-2666 or (80 | 0) 909-1000 . Fax (850 |) 222-1000 |
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| CERTIFIED COPY | | CUS | | <u> </u> |
| РНОТО СОРУ | | FILING TO | reign L | ~. P. |
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| 1.) Advanced I (CORPORATE NAME & DOCUMENT #) | Data | Desig | 1 Linite | Participitati |
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| 2.)(CORPORATE NAME & DOCUMENT #) | | | | [|
| 3.) | | | | <u>`</u> |
| (CORPORATE NAME & DOCUMENT #) | | 91 | -08/02/000 ***1687.00 | 4599 1018009 ****1687.00 |
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| 5.) | | | | <u>.</u> |
| (CORPORATE NAME & DOCUMENT #) | | Δ. | | , zj |
| SPECIAL INSTRUCTIONS | | 1sp | UU AGU TZ A | ~ <u>*</u> |
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| | Florida Department of State, Sar | idra B. Mo | rtham, Secretary of State |
|------------|---|---|--|
| | APPLICATION BY FOREIGN AUTHORIZATION TO TRAN | LIMITE | D PARTNERSHIP FOR |
| | Advomand Data Durday I' () b D | <i>.</i> . | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ |
| 1 | Advanced Data Design Limited Part (Name of limited partner | | the home state) |
| 2 | (same) | | |
| <u> </u> | (If name is unavailable, name under which the limite Florida; must contain the v | partnership p | roposes to register or transact business in |
| | | vord "LIMITE | |
| 3 | Nevada (State of Formation) | 4 | October 22, 1998 (Date of Formation) |
| 5. | J. Bob Humphries, Esquire | | (Date of Formation) |
| J | (Name of Registered A | rent for Servic | e of Process) |
| 6 | 501 East Kennedy Boulevard, S | • | · |
| · | (Street Address of | | |
| | | | |
| | Тапра | | , Florida 33602 |
| 7. A | (City) cceptance by the Registered Agent for Sen | | (Zip Code) |
| 7. A | (City) cceptance by the Registered Agent for Sen | sign on this lin | (Zip Code) ==================================== |
| 8 | (City) cceptance by the Registered Agent for Sen (Agent must) c/o Burton, Bartlett & Glogovac, (Address of registered office required in state of for | sign on this lin 50 West L: | (Zip Code) |
| 8 | (City) cceptance by the Registered Agent for Sen (Agent must) c/o Burton, Bartlett & Glogovac, | sign on this lin 50 West L: | (Zip Code) |
| 8 9. N | (City) cceptance by the Registered Agent for Sen (Agent must) c/o Burton, Bartlett & Glogovac, (Address of registered office required in state of for AMES OF GENERAL PARTNERS | sign on this lin 50 West L: mation or, if p | (Zip Code) ==================================== |
| 8 9. N | (City) cceptance by the Registered Agent for Sen (Agent must) c/o Burton, Bartlett & Glogovac, (Address of registered office required in state of for AMES OF GENERAL PARTNERS | sign on this lin 50 West L: mation or, if p | (Zip Code) ==================================== |
| 8 9. N | (City) cceptance by the Registered Agent for Sen (Agent must) c/o Burton, Bartlett & Glogovac, (Address of registered office required in state of for AMES OF GENERAL PARTNERS | sign on this lin 50 West L: mation or, if p | (Zip Code) ==================================== |
| 8 9. N | (City) cceptance by the Registered Agent for Sen (Agent must) c/o Burton, Bartlett & Glogovac, (Address of registered office required in state of for AMES OF GENERAL PARTNERS | sign on this lin 50 West L: mation or, if p | (Zip Code) ==================================== |
| 8 9. N. | (City) cceptance by the Registered Agent for Sen (Agent must) c/o Burton, Bartlett & Glogovac, (Address of registered office required in state of for AMES OF GENERAL PARTNERS FeScience Technologies, Inc. COUCOUNTST Richard W. Baker, C.P.A. | sign on this lin 50 West L: mation or, if n 50 Wes | (Zip Code) ==================================== |
| 8 9. N | (City) cceptance by the Registered Agent for Sen (Agent must c/o Burton, Bartlett & Glogovac, (Address of registered office required in state of for AMES OF GENERAL PARTNERS FeScience Technologies, Inc. FOUUDOUDT357 | sign on this lin 50 West L: mation or, if n 50 Wes | (Zip Code) ==================================== |

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| 12. 2535 Success Dr: | ive |
| Odessa, FL 3355 | 56 |
| | (Mailing Address of Limited Partnership) |
| Under papalties of periury T. by | eing duly sworn, declare that I have read the foregoing and know |
| the contents thereof and that the | he facts stated herein are true and correct. |
| | |
| This day of, | JulyXX 2000 |
| | |
| | |
| | 1 C |
| | |
| I Bob | General Partner |
| J. BOH | General Partner b Humphries |
| STATE OF FLORIDA | b Humphries |
| STATE OF FLORIDA | b Humphries |
| STATE OFFLORIDA COUNTY OFHILLSBOROUGH | Humphries |
| STATE OFFLORIDA COUNTY OFHILLSBOROUGH On this23rd_day ofJu | Humphries H uly, kg x 2000,J. Bob Humphries |
| STATE OFFLORIDA COUNTY OFHILLSBOROUGH On this23rd_day ofJu | Humphries H uly, k x 2000,J. Bob Humphries who is personally known to me |
| STATE OFFLORIDA COUNTY OFHILLSBOROUGH On this23rd_day ofJu | Humphries H uly, kg x 2000,J. Bob Humphries |
| STATE OFFLORIDA COUNTY OFHILLSBOROUGH On this23rd_day ofJu | Humphries H uly, k x 2000,J. Bob Humphries who is personally known to me |
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| STATE OFFLORIDA COUNTY OFHILLSBOROUGH On this23rd_day ofJu | Humphries <u>uly</u> |
| STATE OFFLORIDA COUNTY OFHILLSBOROUGH On this23rd_day ofJu | Humphries H uly, k x 2000,J. Bob Humphries who is personally known to me |
| STATE OF FLORIDA COUNTY OF HILLSBOROUGH On this 23rd day of Ju personally appeared before me, DEBORAH K. MILLER | Humphries H H Uly, k X 2000 J. Bob Humphries who is personally known to me whose identity I proved on the basis of whose identity I proved on the basis of whose identity I proved on the basis of whose identity I proved on the basis of |
| STATE OF COUNTY OF On this23rdday of personally appeared before me, | Humphries H |

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| JL-21-00 04:22 PM | |
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| | |
| AFFIDAVIT OF CAPIT | AL CONTRIBUTIONS FOR FOREIGN LIMITED PARTNERSHIP |
| BEFORE ME the undersigned perso | nally appeared J. Bob Humphries, Asst. Sec. of LifeSci |
| a general partner of Advanced Dat | a Design (an) Nevada limited portoo |
| hereinafter referred to as the "Partne | |
| 1. The amount of capital contribution | ns of the limited partners is \$ _236,000 |
| 2. The anticipated amount of the capi | ital contributions of the limited partners that are allocated for the |
| purposes of transacting business in F | lorida is \$_236,000 |
| | |
| Under the penalties of perjury I, bein | ng duly sworn, declare that I have read the foregoing and know th |
| contents thereof and that the facts sta | ated herein are true and correct. |
| | |
| This <u>23rd</u> day of <u>July</u> | , XXX 2000 |
| | 38 |
| | |
| | General Partner |
| | |
| STATE OF FLORIDA | |
| COUNTY OF HILLSBOROUGH | |
| On this <u>23rd</u> day of July | XXXX 2000 J. Bob Humphries |
| | who is personally known to me |
| | |
| i i | whose identity I proved on the basis of |
| | |
| | |
| | TKKAN L |
| | |
| | (Notary Public Signature) Deborah K. Miller |
| DEBORAH K. MILLER MY COMMISSION # CC 884994 EXPIRES: March 2, 2004 Bonded Tinu Notary Public Underwriters | |