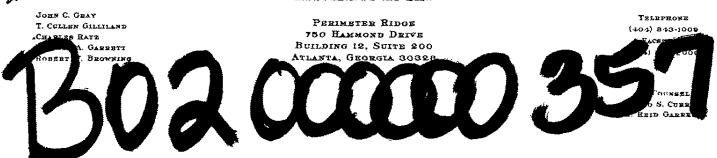
GRAY & GILLILAND, P.C.

ATTORNEYS AT LAW



September 17, 2002

900007988699—1 -09/24/02--01051--011 \*\*\*1837.50 \*\*\*1837.50

Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Re:

The Gipson Family, LLLP

Gentlemen:

Enclosed is the Gipson Family, LLLP's Application by Foreign Limited Partnership for Authorization to Transact Business in Florida. Also enclosed is a check for One Thousand Eight Hundred Thirty Seven and 50/100ths Dollars to cover: the filing fee of \$750.00, \$35.00 for designation of a registered agent, and \$52.50 for one certified copy.

Please direct inquiries on this matter to Melissa A. Garrett at (404) 843-1009 or by fax (404) 843-2009, or to the address set forth above.

Very ruly yours,

Menssa A. Garrett

Enclosures

50 | 4391

HASSEE, FLOOMING

189, 507/639/67/

S. .



## FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State

October 1, 2002

MELISAS A GARRETT 750 HAMMOND DRIVE BLDG. 12, STE. 200 ATLANTA, GA 30328

SUBJECT: THE GIPSON FAMILY, LLLP

Ref. Number: W02000028338

We have received your document for THE GIPSON FAMILY, LLLP and your check(s) totaling \$1837.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must add a limited partnership suffix to the name, such as LTD., LIMITED, or LIMITED PARTNERSHIP.

Section 620.108, Florida Statutes, requires the address of the office where the records are to be kept be included in the certificate.

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) 245-6097.

Letter Number: 202A00055219

Marsha Thomas Document Specialist

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

## APPLICATION BY FOREIGN LIMITED PARTNERSHIP FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

Gipson Family, LP (Name of limited	I partnership as it is in the home state)
Gipson Family limited liabilitylim	ited partnership
f name is unavailable, name under which the lim must contain t	nited partnership proposes to register or transact business in Florida; the word "LIMITED" or "LTD.")
Georgia	4 July 9, 1999
(State of Formation)	(Date of Formation)
Steven D. Bell & Company	
(Name of Registe	ered Agent for Service of Process)
c/o_LeClub @ Saga Bay, 8630 S.W. 21	12 Street
	Address of Registered Office)
Miami	Florida 33198
(City)	Florida 33198 (Zip Code)
Acceptance by the Registered Agent for Service By: Swall (Age	e of Process: Steven D. Bell (Company) RO
5305 Peachtree Industrial Blvd., Ch	namblee, Georgia 30341
	OF ST
(Address of registered office required in sta	tte of formation or, if not required, address of principal office.)
NAMES OF GENERAL PARTNERS	STREET ADDRESS
Janet M. Gipson 6490	Glen Oaks Lane, Atlanta, Georgia 30328
	· · · · · · · · · · · · · · · · · · ·

CONTINUED

11. The limited partnership will undertake to keep the records listing the addresses and capital contributions of the limited partner or limited partners until the limited partnership's registration in Florida is canceled or withdrawn.

Seal

My Commission Expires:

## AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared	Janet M. Gipson
a general partner of Gipson Family, LLLP	, a (an) limited liability
limited partnership, hereinafter referred to as the "Partnership	s", who certifies as follows:
The amount of capital contributions of the limited partners      The artificiated amount of the scribil contributions of the	
2. The anticipated amount of the capital contributions of the	infined pareners that are anocated for the purposes of
transacting business in Florida is \$500,000.00	• 0. <del></del>
	nat I have read the foregoing and know the contents thereof and
that the facts stated herein are true and correct.	
Signed this left day of sintender  oanel M. Gipson: Gene  STATE OF GEORGIA  COUNTY OF No.	O2 OCT -7 PM I2: 51  SECRETARY OF STALL AHASSEE, FLORIE
On this 16 day of Sca	whe some
Who is personally known to me  whose identity I proved on the basis of	personally appeared before me,
(Notary Public Signature)  Nelsan A. Carve H  (Notary's Printed Name)	
Seal My Commission Expires:	My Commission Expires September 17, 2005

My Commission Expires: \_\_\_\_

Seal