Division of Corporations

A02000001198

FILED
2002 SEP -4 PM 1:34
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H02000190679 9)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : HUNT, COOK, RIGGS, MEHR & MILLER, P.A.
Account Number : I20010000038
Phone : (561)997-9223
Fax Number : (561)997-6224

RECEIVED
02 SEP -4 PM 2:32
DIVISION OF CORPORATION

FLORIDA LIMITED PARTNERSHIP

MSF OF BOCA RATON, LTD.

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	$96.25

W02-25647
J. BRYAN SEP - 4 2002

J. BRYAN SEP - 5 2002

(((H02000190679 9)))

CERTIFICATE OF LIMITED PARTNERSHIP OF

MSF OF BOCA RATON, LTD. A FLORIDA LIMITED PARTNERSHIP

The undersigned General Partner, desiring to form a limited partnership pursuant to Section 620.108 of the Florida Revised Uniform Limited Partnership Act (1986), hereby states the following:

1. The name of the Partnership is MSF OF BOCA RATON, LTD.
2. The address of the office of the Partnership is 2418 NW 30th Road, Boca Raton, Florida 33431.
3. The name and address of the agent for service of process on the Partnership is HCRM Corp., 2200 Corporate Boulevard NW, Suite 401, Boca Raton, Florida 33431.
4. The name and business address of the corporate General Partner is as follows:

   MFalkowitz, Inc.
   2418 NW 30th Road
   Boca Raton, Florida 33431.

   # P02000095631

5. The mailing address of the Partnership is: 2418 NW 30th Road, Boca Raton, Florida 33431.
6. The latest date upon which the Partnership shall dissolve is December 31, 2052.
7. The effective date of this Certificate of Limited Partnership shall be upon filing with the Florida Department of State.

FILED
2002 SEP -4 PM 1:34
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

IN WITNESS WHEREOF, this Certificate of Limited Partnership has been executed by the General Partner of MSF OF BOCA RATON, LTD. this 31st day of July, 2002.

GENERAL PARTNER

MFalkowitz, Inc., a Florida Corporation

By: _____
Name: Michael Falkowitz
Its: President

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been named as registered agent for MSF OF BOCA RATON, LTD., a Florida limited partnership (the "Partnership"), in the foregoing Certificate of Limited Partnership, I, on behalf of the Partnership, hereby agree to accept service of process for said Partnership and to comply with any and all Statutes relative to the complete and proper performance of the duties of Registered Agent.

REGISTERED AGENT

HCRM Corp.

By: _____ V.P.
LAWRENCE J. MILLER, Vice-President

(((H02000190679 9)))

(((H02000190679 9)))

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned authority, personally appeared Michael Falkowitz, as president of MFalkowitz, INC., a Florida corporation, the general partner of MSF OF BOCA RATON, LTD. (the "Partnership"), who upon being fully sworn, certified as follows:

FILED
2002 SEP -4 PM 1:34
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. The amount of capital contributions to the Partnership made by each Limited Partner is as follows:

Michael Falkowitz $990.00

2. The amount of additional capital contributions anticipated to be contributed by each Limited Partner is as follows:

MFalkowitz, Inc. $10.00

FURTHER AFFIANT SAITH NAUGHT.

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.

GENERAL PARTNER:

MFalkowitz, Inc.

Dated: July 31, 2002

By: _____
Name: Michael Falkowitz
Its: President

STATE OF FLORIDA)
) SS:
COUNTY OF PALM BEACH)

The foregoing instrument was acknowledged before me this 31st day of July, 2002, by Michael Falkowitz, as President of MFalkowitz, Inc, the General Partner of the Partnership, who is personally known to me or has produced _____ as identification.

HOLLY M. O'NEILL
MY COMMISSION # CC 887101
EXPIRES: August 22, 2003
Bonded Thru Notary Public Underwriters

Holly M. O'Neill
Notary Public, State of Florida

Print/Type or Stamp Notary Name
Commission No: _____
My Commission Expires:

(((H02000190679 9)))