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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

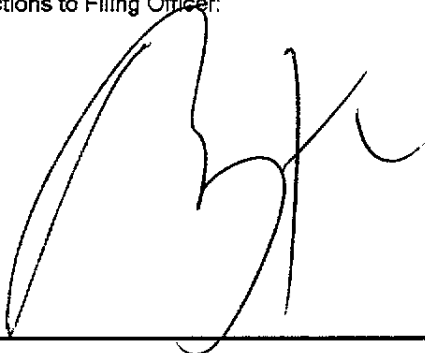
MAIL

(Business Entity Name)

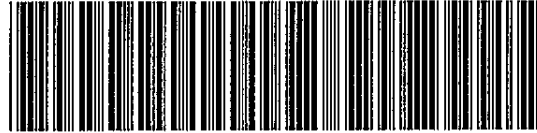
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05 JUL 13 PM 3:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**SPIEGEL & UTRERA, P.A.**

(Requestor's Name)

**1840 SOUTHWEST 22 STREET, 4TH FLOOR**

**MIAMI, FL 33145 - (305) 854-6000**

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TALLAHASSEE, FLORIDA

**CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):**

- 1. WAW VII LTD.  
(Corporation Name) (Document #)
- 2. \_\_\_\_\_  
(Corporation Name) (Document #)
- 3. \_\_\_\_\_  
(Corporation Name) (Document #)
- 4. \_\_\_\_\_  
(Corporation Name) (Document #)

Walk-In     Pick up time \_\_\_\_\_     Certified Copy

Mail out     Will wait     Photocopy     Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input checked="" type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

**CERTIFICATE OF LIMITED PARTNERSHIP OF  
WAW VII LTD.  
a Florida limited partnership**

**FILED**  
05 JUL 13 PM 3:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned General Partner, desiring to form a limited partnership pursuant to the Florida Revised Uniform Limited Partnership Act (1993), hereby states:

**ARTICLE 1-NAME**

The name of the Partnership is **WAW VII LTD.**

**ARTICLE 2-OFFICE ADDRESS**

The address of the office of the Partnership is 113-A Birch Circle, Eglin A.F.B., Florida, 32579.

**ARTICLE 3-MAILING ADDRESS**

The mailing address of the Partnership is P.O. Box 449, Shalimar, Florida, 32579.

**ARTICLE 4-GENERAL PARTNER**

The name and business address of the general partner is **END TIME SOLUTIONS, LLC**, 113-A Birch Circle, Eglin A.F.B., FL, 32542.

L05000018208

**ARTICLE 5-REGISTERED OFFICE AND REGISTERED AGENT**

The initial address of registered office of this Partnership is Spiegel & Utrera, P.A., located at 1840 Southwest 22 Street, 4th Floor, Miami, Florida 33145. The name and address of the registered agent of this Partnership is Spiegel & Utrera, P.A., located at 1840 Southwest 22 Street, 4th Floor, Miami, Florida 33145.

**ARTICLE 6-DISSOLUTION**

The latest date upon which the Partnership shall dissolve is twenty years from the date of filing of this Certificate of Limited Partnership with the Florida Secretary of State.



**SPIEGEL & UTRERA, P.A.**  
LAWYERS

www.amerilawyer.com

1840 CORAL WAY, 4TH FLOOR, MIAMI, FL 33145 - (305) 854-6000 - (800) 603-3900 - FACSIMILE (305) 857-3700  
MAILING ADDRESS - POST OFFICE BOX 450605, MIAMI, FL 33245-0605

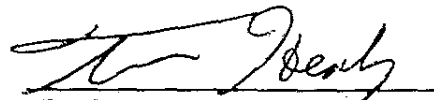
The execution of this certificate by the undersigned General Partner constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

**IN WITNESS WHEREOF**, this Certificate of Limited Partnership has been executed on behalf of the sole General Partner of **WAW VII LTD.** this 12 July 2005.

**GENERAL PARTNER:**

**END TIME SOLUTIONS, LLC**

By:



**Tim Healy, Esquire**  
Authorized Agent and Attorney at Law

**ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT**

Having been named as statutory registered agent for **WAW VII LTD**, a Florida limited partnership (the "Partnership"), in the foregoing Certificate of Limited Partnership, We hereby agree to act in that capacity, and, on behalf of the Partnership, to accept service of process for the Partnership and to comply with any and all statutes relative to the complete and proper performance of the duties of registered agent. Spiegel & Utrera, P.A., having a business office identical with the registered office of the Partnership name above, and having been designated as the Registered Agent in the above and foregoing Certificate of Limited Partnership, is familiar with and accepts the obligations of the position of Registered Agent under Section 607.0505, Florida Statutes.

**Spiegel & Utrera, P.A.**

By:



**Natalia Utrera, Vice-President**



**SPIEGEL & UTRERA, P.A.**  
LAWYERS

[www.amerilawyer.com](http://www.amerilawyer.com)

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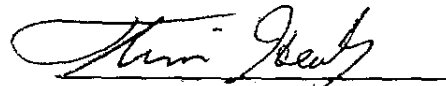
**AFFIDAVIT OF CAPITAL CONTRIBUTIONS**

**STATE OF FLORIDA  
COUNTY OF MIAMI-DADE**

**BEFORE ME**, the undersigned authority, personally appeared Tim Healy, Authorized Agent and Attorney at Law of **END TIME SOLUTIONS, LLC**, the general partner of **WAW VII LTD** (the "Partnership"), who, upon being duly sworn, certified as follows:

1. The amount of capital contributions to the Partnership made by the limited partners is, in the aggregate, **ONE HUNDRED AND 00/100s DOLLARS (\$100.00)** .
2. At this time, it is not anticipated that additional capital contributions will be made by the limited partners.

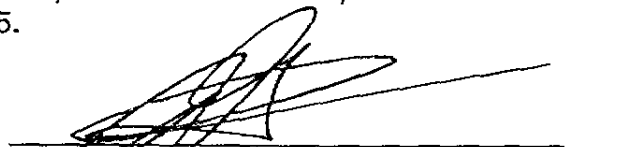
Under penalties of perjury I declare that I have read the foregoing and that the facts alleged are true, to the best of my knowledge and belief.

  
Tim Healy, Esquire

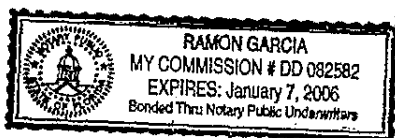
Dated this 11 July 2005

**BEFORE ME**, the undersigned officer, a Notary Public authorized to administer oaths and to take acknowledgments in and for the State and County set forth above, personally appeared Tim Healy, known to me to be the person who executed the foregoing Affidavit of Capital Contributions, and she acknowledged to me and before me that she executed this Affidavit as Authorized Agent and Attorney at Law of **END TIME SOLUTIONS, LLC**, sole General Partner of **WAW VII LTD**.

**IN WITNESS WHEREOF**, I have set my hand and affixed my official seal in the State and County aforesaid, this 11 July 2005.

  
NOTARY PUBLIC, State of Florida at Large

(SEAL)



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