

A 96000001357

requestor name
 City/State/Zip Phone #
 Office Use Only

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

- 1 Shelby County Limited Liability Partnership
 (Corporation Name) (Document #)
- 2 _____
 (Corporation Name) (Document #)
- 3 _____
 (Corporation Name) (Document #)
- 4 _____
 (Corporation Name) (Document #)

150124883
 -07/23/96--01135--013
 ***1837.50 ***1837.50

- Walk in
- Mail out
- Pick up time _____
- Will wait
- Photocopy
- Certified Copy
- 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

TAX _____
 FILING 17.50
 R. AGENT FEE 35.00
 C. COPY 52.50
 TOTAL 187.50
 N. BANK _____
 BALANCE DUE _____
 REFUND _____

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

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

7/19/96

Examiner's initials NR

CERTIFICATE OF LIMITED PARTNERSHIP
OF
STIRLING DESIGN LIMITED PARTNERSHIP

65-12-16
1988
RECEIVED
STATE OF FLORIDA
DEPARTMENT OF REVENUE

The undersigned general partner, desiring to form a limited partnership pursuant to the Florida Revised Uniform Limited Partnership Act (1986), hereby states:

1. The name of the limited partnership is Stirling Design Limited Partnership.

2. The address of the office of the limited partnership is:

1820 N.E. 163rd Street
Suite 203
North Miami Beach, FL 33162

3. The name and address of the agent for service of process on the limited partnership required to be maintained by Section 620.105, Florida Statutes, is:

Robert M. Haber
520 Brickell Key Drive
Suite O-305
Miami, Florida 33131

4. The name and business address of the sole general partner is:

Stirling Design Management Corporation
1820 N.E. 163rd Street
Suite 203
North Miami Beach, FL 33162

P96000060686

5. The mailing address for the limited partnership is:

1820 N.E. 163rd Street
Suite 203
North Miami Beach, FL 33162

6. The latest date upon which the limited partnership is to dissolve is July 31, 2046.

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 by the sole general partner of Stirling Design Limited Partnership on the date set forth below.

Signed, sealed and delivered
in the presence of:

[Signature]
[Signature]

STIRLING DESIGN MANAGEMENT
CORPORATION

By: *[Signature]*
Michael Schack, President

Executed on July 19, 1996

SECRET
95 JUL 19 PM 2:41

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been named as registered agent for Stirling Design Limited Partnership, a Florida limited partnership ("Partnership"), in the foregoing Certificate of Limited Partnership, I, on behalf of the Partnership, heroby agree to accept service of process for said Partnership, to accept the obligations imposed upon me by Fla. Stat. Section 620.192, and to comply with any and all statutes relative to the complete and proper performance of the duties of registered agent.

REGISTERED AGENT:


Robert M. Haber

SECRETARY OF STATE
95 JUL 19 PM 2:41

