

A 98000000869



ACCOUNT NO. : 072100000032

REFERENCE : 769390 11758A

AUTHORIZATION :

*Patricia Pyatt*

COST LIMIT : \$ 140.00

ORDER DATE : April 3, 1998

ORDER TIME : 11:34 AM

ORDER NO. : 769390-005

CUSTOMER NO: 11758A

100002479951--1

CUSTOMER: Jeffrey S. Wachs, Esq  
DOUMAR CURTIS CROSS LAYSTROM  
PERLOFF  
1177 Southeast Third Avenue  
Fort Lauderdale, FL 33316

DOMESTIC FILING

NAME: THE STRONGIN FAMILY LIMITED PARTNERSHIP

EFFECTIVE DATE:

       ARTICLES OF INCORPORATION  
XX CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

Name	<i>4/6/98</i>	<input checked="" type="checkbox"/> CERTIFIED COPY
Availability	<i>DCC</i>	<input type="checkbox"/> PLAIN STAMPED COPY
Document Examiner	<i>DCC</i>	<input type="checkbox"/> CERTIFICATE OF GOOD STANDING
Updater	<i>DCC</i>	
Updater Verifier	<i>DCC</i>	
Acknowledgement	<i>DCC</i>	
W. P. Verifier	<i>DCC</i>	

CONTACT PERSON: Janna Wilson

EXAMINER'S INITIALS:

FILED  
98 APR -6 PM 2:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECORDED  
98 APR -6 PM 1:09  
DIVISION OF CORPORATION  
\$ 5,000.00

A 98000000869

**CERTIFICATE OF LIMITED PARTNERSHIP**

**OF**

**THE STRONGIN FAMILY LIMITED PARTNERSHIP**

**THE UNDERSIGNED**, constituting the General Partner of **THE STRONGIN FAMILY LIMITED PARTNERSHIP**, a Florida Limited partnership, hereby files its Certificate of Limited Partnership in accordance with Chapter 620, Florida Statutes, as follows:

1. Name of the Partnership. THE STRONGIN FAMILY LIMITED PARTNERSHIP

2. The address of the office of the Partnership is.

8880 S.W. 78<sup>th</sup> Place  
Miami, FL 33156

3. Name and addresses of the agent for the service of process on the Partnership is.

JEFFREY S. WACHS, ESQ.  
1177 S.E. 3rd Avenue  
Fort Lauderdale, FL 33316

4. Name and business address of the General Partner is.

PATRICIA STRONGIN  
8880 S.W. 78<sup>th</sup> Place  
Miami, FL 33156

FILED  
98 APR -6 PM 2:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

5. Mailing address of the Partnership is.

THE STRONGIN FAMILY  
LIMITED PARTNERSHIP  
c/o Patricia Strongin,  
General Partner  
8880 S.W. 78<sup>th</sup> Place  
Miami, FL 33156

6. Latest date upon which the Partnership will dissolve.

Will be in accordance with Section 620.157  
of the Florida Statute, however, no later than  
December 31, 2048.

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

IN WITNESS WHEREOF, the undersigned has duly executed this Certificate of Limited Partnership of **THE STRONGIN FAMILY LIMITED PARTNERSHIP**, this 24<sup>th</sup> day of March, 1998.

**GENERAL PARTNER:**

  
By: **PATRICIA STRONGIN**

FILED  
98 APR -6 PM 2:28  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

**AFFIDAVIT OF CAPITAL CONTRIBUTIONS**

BEFORE ME, the undersigned authority, personally appeared PATRICIA STRONGIN, the General Partner of **THE STRONGIN FAMILY LIMITED PARTNERSHIP**, a Florida limited partnership, herein referred to as the "Partnership", who, upon being duly sworn, certified as follows:

1. As of the date hereof, the amount of capital contributions to the Partnership made by the Limited Partners is as follows:

\$5,000.00

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

NONE

3. Affiant has executed this Affidavit of Capital Contributions as the duly authorized representative of the General Partner of said Partnership.

FURTHER AFFIANT SAYETH NOT.

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

DATED this 24<sup>th</sup> day of March, 1998.

  
PATRICIA STRONGIN

FILED  
98 APR -6 PM 2:30  
STATE OF FLORIDA  
TALLAHASSEE

STATE OF FLORIDA )

SS:

COUNTY OF \_\_\_\_\_ )

SWORN TO AND SUBSCRIBED before me, the undersigned authority,  
by PATRICIA STRONGIN, who appeared personally before me and took  
an oath, who is personally known to me or who produced \_\_\_\_\_  
\_\_\_\_\_ as identification, on this 24<sup>th</sup> day of  
March, 1998.

*Lisa D. Belenson*

Notary Public, State of Florida  
Print Name: Lisa D. Belenson  
My Commission Number: CC399213  
My Commission Expires: 8/10/98

98 APR -6 PM 2: 30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

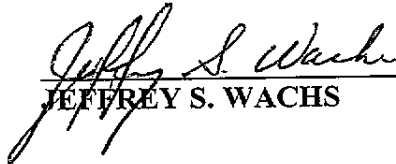


**LISA D. BELENSON**  
COMMISSION # CC 399213  
EXPIRES AUG 10, 1998  
BONDED THRU  
ATLANTIC BONDING CO., INC.

**ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT**

Having been named as Registered Agent for **THE STRONGIN FAMILY LIMITED PARTNERSHIP**, a Florida limited partnership ("Partnership"), in the foregoing Certificate of Limited Partnership, I, on behalf of the Partnership agree to comply with any and all statutes relative to the complete and proper performance of the duties of a registered agent.

**REGISTERED AGENT:**

  
JEFFREY S. WACHS

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
98 APR -6 PM 2: 30

FILED