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Ltd.

- 1.) The Stolfi Limited Partnerships
(CORPORATE NAME & DOCUMENT #)
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**CERTIFICATE OF LIMITED PARTNERSHIP
OF
THE STOLFI LIMITED PARTNERSHIP
A Florida Limited Partnership**

The undersigned makes the following declaration of information for the purpose of forming THE STOLFI LIMITED PARTNERSHIP under the Florida Revised Uniform Partnership Act:

1. Name. The name of this Limited Partnership is THE STOLFI LIMITED PARTNERSHIP.

2. Business. The purpose of the Partnership's business is to own, acquire, sell, manage and lease investment property of any type, kind or description, including marketable securities and real estate, and to do all other things necessary, proper, convenient or advisable in connection therewith.

3. Principal Place of Business and Location of Records. The location of the principal place of business of the Partnership is 10590 Limeberry Drive, Boynton Beach, Florida 33436, at which place the records shall be maintained.

4. Registered Agent. The name and address of the registered agent for service for this Limited Partnership is Ronald L. Fick, c/o Dunwody White & Landon, P.A., 239 South County Road, Suite 300, Palm Beach, Florida 33480, and who acknowledges by his signature hereunder that he accepts such designation.

5. The General Partner. The name and business address of the General Partner is the acting Trustee of the Marie R. Stolfi Declaration of Trust dated May 15, 1996, as amended, 10590 Limeberry Drive, Boynton Beach, Florida 33436.

6. Mailing Address. The mailing address of the Limited Partnership is 10590 Limeberry Drive, Boynton Beach, Florida 33436.

7. Term. The Partnership shall begin at the time of the filing of the certificate of Limited Partnership with the Department of State and shall liquidate and dissolve on the 35th

anniversary of the date of THE STOLFI LIMITED PARTNERSHIP AGREEMENT, unless terminated or dissolved earlier or extended by written agreement of a majority of the Partners.

8. Affidavit of the Amount of Capital Contributions. The amount of capital contributions of each limited partner and the amount of capital contributions anticipated by the limited partners is described in the Affidavit attached as Schedule A.

IN WITNESS WHEREOF, the undersigned has executed this Certificate on the 3rd day of December, 1998.

Witnesses

GENERAL PARTNER:

MARIE R. STOLFI, as Trustee of the
Marie R. Stolfi Declaration of Trust dated
May 15, 1996, as amended

Charles A. Fick
Ronald L. Fick

By: Marie R. Stolfi
MARIE R. STOLFI, Trustee

ACCEPTANCE BY REGISTERED AGENT

Having been named Registered Agent for the above-referenced Florida Limited Partnership at the above-designated Registered Office, the undersigned hereby accepts the appointment, and agrees to comply with the provisions of Chapter 620 et seq., Florida Statutes, as amended from time to time, concerning the obligations of registered agents.

Executed this 3rd day of December, 1998.

Ronald L. Fick
Ronald L. Fick, Registered Agent

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SCHEDULE A

**THE STOLFI LIMITED PARTNERSHIP
AFFIDAVIT OF THE AMOUNT OF THE CAPITAL CONTRIBUTIONS OF THE
LIMITED PARTNERSHIP, AND ANY AMOUNT ANTICIPATED TO BE
CONTRIBUTED BY THE LIMITED PARTNERS**

The undersigned presents this Affidavit, given under oath, to affirm the following:

1. The amount of the capital contributions to date by the Limited Partners is
\$ 1,500,000.
2. The amount anticipated to be contributed by the Limited Partners at this time totals
\$ 1,500,000.

**MARIE R. STOLFI, as Trustee of the
Marie R. Stolfi Declaration of Trust dated
May 15, 1996, as amended**

By: Marie R. Stolfi
MARIE R. STOLFI, Trustee

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

On this 3rd day of December, 1998, before me personally came **MARIE R. STOLFI**,
as Trustee of the Marie R. Stolfi Declaration of Trust dated May 15, 1996, as amended,
General Partner, who is personally known to me (yes) (no) or who has produced
Fla. drivers license as identification to me, and who acknowledged execution of the
foregoing instrument.

Deborah R. Howell
Notary Public, State of Florida
Name: Deborah R. Howell
(Print Name)

My Commission Expires:

