# CAPITAL CON ESTION INC. 417 E. Virginia Street, Suite 4 • Talalassee Aprilde 3 / 36 (850) 224-8870 • 1-800-4 Los (850 / 22 / 122)

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|                                | Art of Inc. File  LTD Partnership File  Foreign Corp. File  L.C. File  Fictitious Name File  Trade/Service Mark  Merger File  Art. of Amend. File  RA Resignation  Dissolution / Withdrawal  Annual Report / Reinstatement  Cert. Copy  Photo Copy  Certificate of Good Standing  Certificate of Status  Certificate of Fictitious Name  Corp Record Search  Officer Search  Fictitious Owner Search  Vehicle Search  Driving Record  UCC 1 or 3 File  UCC 11 Search   | Photo Copy  Certificate of Good Standing  Certificate of Status  Certificate of Fictitious Name  Corp Record Search  Officer Search |

## S/ELA GP, LTD. A FLORIDA LIMITED PARTNERSHIP CERTIFICATE OF LIMITED PARTNERSHIP



The undersigned General Partner desiring to form a limited partnership pursuant to the Florida Revised Uniform Limited Partnership Law as set forth in Section 620.101,et. seq. of the Florida Statutes, hereby states the following:

- The name of the Partnership is S/ELA GP, Ltd. 1.
- The address of the office of the Partnership is 6400 North Andrews Avenue, Fort 2. Lauderdale, Florida 33309.
- The name and address of the agent for service of process on the Partnership is BRYAN 3. W. DUKE, ESQUIRE, 6400 North Andrews Avenue, 5th Floor, Fort Lauderdale, Florida 33309.
  - The name and business address of the General Partner is as follows: 4.

S/ELA GP, Inc. 6400 North Andrews Avenue

- pg900026514 Fort Lauderdale, Florida 33309
- The mailing address of the Partnership is 6400 North Andrews Avenue, Fort 5. Lauderdale, Florida 33309.
  - The latest date upon which the Partnership shall dissolve is November 20, 2037. 6.
- The total anticipated Capital Contributions to be paid into the Partnership is and shall 7. be FIFTEEN THOUSAND (\$15,000 00) DOLLARS.

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 General Partner of S/ELA GP, LTD. this 19th day of March, 1999.

S/ELA GP, INC., general partner of S/ELA GP, LTD

By:

Terry W. Stiles,

President

STATE OF FLORIDA COUNTY OF BROWARD

The foregoing instrument was acknowledged before me by Terry W. Stiles, President of S/ELA GP, INC., a Florida corporation, as General Partner of S/ELA GP, LTD., a Florida limited partnership, who is personally known to me.

NOTARY PUBLIC:

Sign:

Print:

Judith Louise Sherman Commission # CC 798149 Expires FEB. 1, 2003

ATLANTIC BONDING CO. INC.

(SEAL)

My commission Expires:

### ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been named as registered agent for S/ELA GP, 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:

By:

BRYAN W. DUKE

# AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned constituting all of the general partners of S/ELA GP, LTD., a Florid Limited Partnership, certify as follows:

The amount of capital contributions to date of the limited partners is \$15,000.00. No further limited partner contributions are anticipated.

This 19th day of March, 1999.

# FURTHER AFFIANT SAYETH NOT

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.

S/ELA GP, INC, general partner of S/ELA GP, LTD.

Terky W. Stiles.

President

STATE OF FLORIDA COUNTY OF BROWARD

The foregoing instrument was acknowledged before me by Terry W. Stiles, President of S/ELA GP, INC., a Florida corporation, which is general partner of S/ELA GP, LTD., a Florida limited partnership, who is personally known to me and who did take an oath.

NOTARY PUBLIC:

**Judith Louise Sherman** 

(SEAL)

My Commission Expires: