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Requestor's Name
660 East Jefferson Street

Address
Tallahassee, FL 32301 (850) 222-1092
City State Zip Phone

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-12/28/99-01055-012
***1785.00 ***1785.00

CORPORATION(S) NAME

Kadurachim Limited Partnership

- | | | |
|---|---|--|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | | |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Foreign | | |
| <input checked="" type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Reservation | <input type="checkbox"/> Change of R.A. |
| | | <input type="checkbox"/> Fictitious Name |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> CUS / G/s |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call if Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="radio"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="radio"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

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12/28
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS
DEPARTMENT OF STATE

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THANK YOU ! CONNIE BRYAN

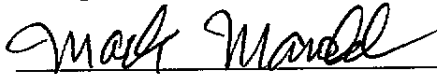
CERTIFICATE OF LIMITED PARTNERSHIP
OF
KADURACHIM LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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The undersigned, being the General Partner of Kadurachim Limited Partnership, in order to form a Limited Partnership under Florida Statutes Chapter 620, hereby executes this Certificate of Limited Partnership:

1. **Name.** The name of the limited partnership is Kadurachim Limited Partnership.
2. **Address.** The business and mailing address of the office of the limited partnership is 3000 Island Boulevard, #1702, Williams Island, Florida 33160.
3. **Registered Agent for Service of Process.** The name and address of the registered agent for service of process is Mark Mandel, 3000 Island Boulevard, #1702, Williams Island, Florida 33160.

4. **Acceptance by Registered Agent for Service of Process.**


Mark Mandel

5. **General Partner.** The name and business address of the General Partner is as follows:

Mark Mandel
3000 Island Boulevard, #1702
Williams Island, Florida 33160

6. **Dissolution.** The limited partnership shall dissolve on the date provided in the Limited Partnership Agreement, which date will be no later than December 31, 2049.

Under penalties of perjury I declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 27th day of December, 1999.


Mark Mandel, General Partner

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

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The undersigned being the only general partner of Kadurachim Limited Partnership, a Florida Limited Partnership, certifies:

The amount of capital contributions to date of the limited partners is \$98.00.

The total amount contributed and anticipated to be contributed by the limited partners at this time totals \$1,078,098.

Signed this 27th day of December, 1999.

FURTHER AFFIANT SAYETH NOT.

Under penalties of perjury I declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.


Mark Mandel, General Partner