

A96000002056

Charter Number Only

Johnathan H. Green  
Requestor's Name  
799 Brickell Plaza #700  
Address  
Miami, FL 33  
City State ZIP Phone  
#372-5100

VALIDATION ONLY

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DIVISION OF CORPORATIONS  
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CORPORATION(S) NAME

700002003077-4  
-11/13/96--01119--025  
\*\*\*1837.50 \*\*\*1837.50

The Sanchez Family Limited  
Partnership

Empire Toll Free: 1-800-432-3028

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Profit                         | <input type="checkbox"/> Amendment       | <input type="checkbox"/> Merger                     |
| <input type="checkbox"/> NonProfit                      | <input type="checkbox"/> Dissolution     | <input type="checkbox"/> Mark                       |
| <input type="checkbox"/> Foreign                        | <input type="checkbox"/> Annual Report   | <input type="checkbox"/> Other                      |
| <input checked="" type="checkbox"/> Limited Partnership | <input type="checkbox"/> Reservation     | <input type="checkbox"/> Change of Registered Agent |
| <input type="checkbox"/> Reinstatement                  | <input type="checkbox"/> Photo Copies    | <input type="checkbox"/> Certificate Under Seal     |
| <input checked="" type="checkbox"/> Certified Copy      | <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem            |
| <input checked="" type="checkbox"/> Walk In             | <input type="checkbox"/> Will Wait       | <input checked="" type="checkbox"/> Pick Up         |
|   | <input type="checkbox"/> After 4:30      | <input type="checkbox"/> Mail Out                   |

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CERTIFIED COPY

G. TAX  
FILING  
G. AGENT FEE 1250.00  
G. COPY 35.00  
TOTAL 1285.00  
N. BANK 1837.50  
BALANCE DUE  
REFUND

Name
Availability
Document
Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

**CERTIFICATE OF LIMITED PARTNERSHIP**

**OF**

**THE SANCHEZ FAMILY LIMITED PARTNERSHIP**

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DIVISION - 1  
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The parties hereto do hereby certify that an Agreement was made effective the 25<sup>th</sup> of October, 1996, at Miami, Florida, by the following, herein called "General Partner":

**ROBERTO SANCHEZ**

And by the following, hereinafter referred to as "Limited Partners":

**ROBERTO SANCHEZ, MARIA ELENA SANCHEZ and**

**THE SANCHEZ IRREVOCABLE TRUST dated July 23, 1996**

The parties hereto, on the date described above, formed a Limited Partnership pursuant to the provisions of the Florida Revised Uniform Limited Partnership Act.

1. **Name.** The Name of the Limited Partnership is **THE SANCHEZ FAMILY LIMITED PARTNERSHIP.**
2. **Principal Place of Business.** The location of the principal place of business of the Limited Partnership is 780 N.W. 42<sup>nd</sup> Avenue, Suite 616, Miami, Florida 33126. This is also the mailing address.
3. **Registered Agent and Office.** The registered agent for service of process for this Limited Partnership is **ROBERTO SANCHEZ** at 780 N.W. 42<sup>nd</sup> Avenue, Suite 616, Miami, Florida 33126.
4. **The General Partner.** The General Partner of the Limited Partnership is:

Prepared By: JONATHAN H. GREEN  
799 Brickell Plaza, Suite 700  
Miami, Florida 33131  
Florida Bar Number: 307513

General Partner

ROBERTO SANCHEZ

Business Address

780 N.W. 42<sup>nd</sup> Avenue, Suite 616  
Miami, Florida 33126

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5. **Term.** The Limited Partnership shall begin on the date this certificate is filed with the Florida Department of State and shall continue for a period of forty-five (45) years thereafter unless sooner dissolved by law or by agreement of the parties hereto.

6. **Authority to Execute and File this Certificate.** The General Partner acknowledges and states that he is authorized to execute and file this Certificate for and on behalf of THE SANCHEZ FAMILY LIMITED PARTNERSHIP.

EXECUTED IN DUPLICATE ORIGINAL this 25<sup>th</sup> day of October, 1996.

General Partner:  
ROBERTO SANCHEZ

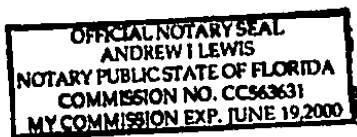
By:

ROBERTO SANCHEZ

STATE OF FLORIDA     )  
                                  ) SS:  
COUNTY OF DADE     )

BEFORE ME, the undersigned authority, on this day personally appeared ROBERTO SANCHEZ known to me to be the person whose name is subscribed to the foregoing instrument or produced \_\_\_\_\_ and has acknowledged to me that he executed the same for the purposes and considerations therein expressed and as the authorized representative of THE SANCHEZ FAMILY LIMITED PARTNERSHIP.

GIVEN UNDER MY HAND and seal of office, this 25<sup>th</sup> day of October, 1996.



Andrew I. Lewis  
Notary Public

Andrew I Lewis  
(Printed or Typed Name of Notary)

My Commission Expires: \_\_\_\_\_

**CERTIFICATE DESIGNATING PLACE OF BUSINESS  
OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THE STATE,  
NAMING THE AGENT UPON WHOM PROCESS MAY BE SERVED**

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Pursuant to Chapter 620.105 Florida Statutes, the following is submitted in accordance with said Act:

That THE SANCHEZ FAMILY LIMITED PARTNERSHIP, desiring to organize under the laws of the State of Florida, with its principal place of business as indicated in the Certificate of Limited Partnership in the City of Miami, County of Dade, State of Florida, has named ROBERTO SANCHEZ whose address is 780 N.W. 42<sup>nd</sup> Avenue, Suite 616, Miami, Florida 33126, as its agent to accept service of process within the state.

**ACKNOWLEDGMENT**

Having been named to accept service of process for the above limited partnership, at the place designated in this Certificate, I hereby agree to act in this capacity, and agree to comply with the provisions of said Act relative to keeping open said office.

Dated this 25<sup>th</sup> day of October, 1996.

  
\_\_\_\_\_  
ROBERTO SANCHEZ

## AFFIDAVIT OF CAPITAL CONTRIBUTIONS

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The undersigned constituting all of the general partners of

THE SANCHEZ FAMILY LIMITED PARTNERSHIP, a Florida Limited

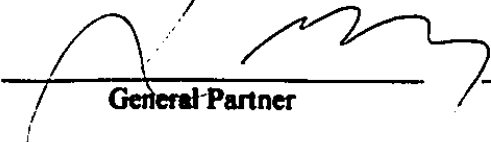
Partnership, certify:

The amount of capital contributions to date of the limited partners is \$ 0.00.

The total amount contributed and anticipated to be contributed by the limited partners at this time totals \$ 5,000,000.00.

### FURTHER AFFIANT SAYETH NOT.

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

 _____ General Partner	_____ General Partner
_____ General Partner	_____ General Partner
_____ General Partner	_____ General Partner

This 25<sup>th</sup> day of October, 19 96.