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ACCOUNT NO. : 072100000032

REFERENCE: 769390 11758A

AUTHORIZATION :

latueia laga

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:

CERTIFIED COPY PLAIN STAMPED COPY TIFICATE OF GOOD STANDING DocumentCONTACT DEER SON: Janna Wilson EXAMINER'S INITIALS: Examiner 400 Undater ungater DOC ver tyer DCC Aclino ledgement DUC W. P. Verifyer

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BINISION OF SURFORATION

1000°

CERTIFICATE OF LIMITED PARTNERSHIP

\mathbf{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

98 APR -6 PM 2:

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

8880 S.W. 78th 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. 78th Place Miami, FL 33156 5. <u>Mailing address of the Partnership is.</u>

THE STRONGIN FAMILY LIMITED PARTNERSHIP c/o Patricia Strongin, General Partner 8880 S.W. 78th 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 and the strong of the stron

GENERAL PARTNER:

By: PATRICIA STRONGIN

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^{+1} day of march, 1998.

PATRICIA STONGIN

STATE OF FLORIDA)	S:
COUNTY OF)	D.
SWORN TO AND S	UBSCRIE	BED before me, the undersigned authority,
by PATRICIA STRONGIN,	who appe	ared personally before me and took
an oath, who is personally ki	nown to m	e or who produced
		as identification, on this <u>24th</u> day of
march, 199	98.	
		Notary Public, State of Florida Print Name: Lisa D. Belenson My Commission Number: CC399213. My Commission Expires: 8/10/98

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:

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