

15 Dесемвет 9, 1999

Secretary of State of Florida Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

> THE LOMBARDO FAMILY LIMITED PARTNERSHIP Re:

Dear Sir or Madame;

Attached you will find Certificate Of Limited Partnership and Affidavit Of Capital Contributions For Florida Limited Partnership, along with our check in the amount of \$1,793.75 to cover the following disbursements:

\$ 1,750.00	Filing Fee
8.75	Certificate Under Seal
35.00	Registered Agent Designation
\$1,793.75	Total

Please contact me at the above address and telephone number as "contact person" and send the acknowledgment to my address. Thank you for your cooperation in this regard.

Sincerely,

Larry D. Parks

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FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

January 7, 2000

LARRY PARKS 7460 S.W. 130TH STREET PINECREST, FL 33156

SUBJECT: THE LOMBARDO FAMILY LIMITED PARTNERSHIP

Ref. Number: W00000000522

We have received your document for THE LOMBARDO FAMILY LIMITED PARTNERSHIP and your check(s) totaling \$1793.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

On the affidavit you must list an exact amount you can not list over \$250,000.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6020.

Tammi Cline Document Specialist

Letter Number: 400A00000845

CERTIFICATE

THE LOMBARDO FAMILY LIMITED PARTNERSHIP

THIS CERTIFICATE is executed on December 25, 1999, with respect to the agreement of The Lombardo Family Limited Partnership ("the Partnership").

- Name. The Partnership's name is THE LOMBARDO FAMILY LIMITED PARTNERSHIP.
- Partnership's Business. The Partnership's business is owning, developing, leasing, managing, and selling real estate, and all other related acts. The Partnership may also do all things not otherwise illegal under the laws of the State of Florida.
- Registered Agent. The name and post office address of the Partnership's registered agent is:

<u>Address</u>

Larry D. Parks, Esq.

7460 S.W. 130th Street Miami, FL 33156

Larry D. Parks, Esq. resides and has his business address within the State of Florida and hereby accepts designation as Registered Agent for Service of Process.

4. Specified Office. The post office address of the office at which its records are kept is, and the address of the principal place of business of the partnership is:

> 7460 S.W. 130th Street" Miami, FL 33156

5. Partners. The name and post office address of the general partner is:

<u>Name</u> <u>Address</u>

7460 S.W. 130th Street Miami, FL 33156

SHARON LOMBARDO

JOSEPH E. LOMBARDO

7460 S.W. 130th Street Miami, FL 33156

6. <u>Dissolution.</u> The latest date on which the limited partnership is to be dissolved and its affairs wound up is December 31, 2025.

IN WITNESS WHEREOF, the this certificate, on the day	undersigned general partners have signed an and year first above written. JOSEPH E. LOMBARDO, General Partner	d sealed
	Sharon Lombardo, General Partner	
STATE OF FLORIDA)	· · · · · · · · · · · · · · · · · · ·	
COUNTY OF MIAMI-DADE) The foregoing instrume	nt was acknowledged before me this 2300	day of
December, 1999 by JOSEPH E. personally known to me or who as identification and who did	LOMBARDO and SHARON LOMBARDO his wife, have produced take an oath.	who are
IN WITNESS WHEREOF, I h seal at Miami, Miami-Dade Cou	have hereunto set my hand and affixed my nty, Florida, this 23 day of December, 1	official 999.
My commission expires:	Notary Public, State of Florida at Large Parke The Manager M	FILED FILED

AFFIDAVIT OF CAPITAL CONTRIBUTIONS BY LIMITED PARTNERS TO THE LOMBARDO FAMILY LIMITED PARTNERSHIP

STATE OF FLORIDA

)ss:

COUNTY OF MIAMI-DADE)

BEFORE ME personally appeared JOSEPH E. LOMBARDO and SHARON LOMBARDO who, after being duly sworn, deposes and says:

- 1. Our names are JOSEPH E. LOMBARDO and SHARON LOMBARDO.
- 2. We, JOSEPH E. LOMBARDO and SHARON LOMBARDO, made an initial capital contribution to THE LOMBARDO FAMILY LIMITED PARTNERSHIP of approximately \$100,000.00.
- 3. The total amount contributed and anticipated to be contributed at this time totals 9.59_{A} 000.00.

FURTHER AFFIANTS WAYETH NOT.

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

GEPH E. LOMBARDO, General Partner

SHARON LOMBARDO, General Partner

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STATE OF FLORIDA

)ss:

COUNTY OF MIAMI-DADE)

The foregoing instrument was acknowledged before me this 230 day of December, 1999 by JOSEPH E. LOMBARDO and SHARON LOMBARDO, who are personally known to me.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at Miami, Miami-Dade County, Florida this 23 day of December, 1999.

Notary Public, State of Florida

at Large

My commission expires:

Larry D. Parks
MY COMMISSION # CC806366 EXPIRES
March 22, 2001
BONDED THRU TROY FAIN INSURANCE, INC.