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Tuesday, January 25, 2000

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

PO BOX 6327
TALLAHASSEE, FL 32314

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-02/28/00--01023--008
*****35.00 *****35.00
600003113696--7
-01/28/00--01004--001
*****52.50 *****52.50

DEAR SIRs,

W-2717

ENCLOSED PLEASE FIND THE NECESSARY DOCUMENTS REQUIRED TO
FORM A LIMITED PARTNERSHIP.

CONTACT PERSON: MR. LESLIE RUDD
6620 SW 50 TER
SOUTH MIAMI, FL 33155
305 666-9931
305 477-5216

SINCERELY,


LESLIE RUDD

FILED
00 FEB 26 AM 3:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

mtu

Conflict

N98-1509



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

January 31, 2000

LESLIE RUDD
6620 SW 50 TERRACE
SOUTH MIAMI, FL 33155

SUBJECT: THE HALCYN GROUP LTD.
Ref. Number: W00000002717

We have received your document for THE HALCYN GROUP LTD. and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$35.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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

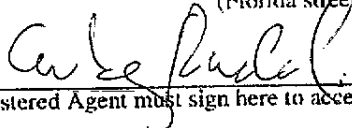
If you have any questions concerning the filing of your document, please call (850) 487-6097.

Michael Mays
Document Specialist

Letter Number: 800A00004554

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TALLAHASSEE FLORIDA
SECRETARY OF STATE

CERTIFICATE OF LIMITED PARTNERSHIP

1. HALCYON TRADING, LTD.
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")
2. 6620 SW 50 TERRACE SOUTH MIAMI, FL 33155
(Business address of Limited Partnership)
3. AUBREY G. RUDD, ATTORNEY AT LAW
(Name of Registered Agent for Service of Process)
4. 7210 RED ROAD #203 SOUTH MIAMI, FL 33143
(Florida street address for Registered Agent)
5. 
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)
6. 6620 SW 50 TERRACE SOUTH MIAMI, FL 33155
(Mailing Address of the Limited Partnership)

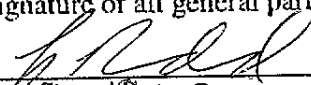

7. The latest date upon which the Limited Partnership is to be dissolved is: 12/31/2001
8. Name(s) of general partner(s): _____ Street address: _____

LESLIE RUDD 6620 SW 50 TERRACE SOUTH MIAMI, FL 33155
F. TORRES DE NAVARRA 5835 SW 81 STREET SOUTH MIAMI, FL 33143

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

Signed this 3rd day of FEBRUARY, 2000.

Signature of all general partners:


General Partner

General Partner

General Partner

General Partner

General Partner

General Partner

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00
CLERK OF STATE
TALLAHASSEE, FLORIDA

**AFFIDAVIT OF CAPITAL CONTRIBUTIONS
FOR FLORIDA LIMITED PARTNERSHIP**

The undersigned constituting all of the general partners of _____

HALCYON TRADING, LTD.

a Florida Limited Partnership, certify:

The amount of capital contributions to date of the limited partners is \$ 1000

The total amount contributed and anticipated to be contributed by the limited partners at this time totals \$ 7000

Signed this 3rd day of FEBRUARY, 2000

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.

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00 FEB 26 AM 3:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Signature]

General Partner

[Signature]

General Partner

General Partner

General Partner

General Partner

General Partner