| | ACCOUNT NO. : | 0721000000 | 32 | • | |
|--------------|--|--|--------|--------------------|-----------------|
| i | REFERENCE : | 701020 | 11758Ä | - 1 | 8 |
| | AUTHORIZATION: | Patricia | Paint | | = = = |
| ~ ~~~ | COST LIMIT : | \$ 140.00 | | | <u> </u> |
| ORDER DATE | : May 17, 2000 | ·————————————————————————————————————— | == | | 9 |
| ORDER TIME | 2 = 1, 2000 | | | | ហ |
| ORDER NO. | | · • | | , | |
| CUSTOMER NO | 3223 003 | | 30 | · · | |
| | Jeffrey S. Wachs, DOUMAR ALLSWORTH O DOUMAR ALLSWORTH O 1177 Southeast Th | CURTIS CROS CURTIS CROS | s S | | |
| | Fort Lauderdale, 1 | | h. | : | |
| | DOMESTIC FII | LING | | | |
| NAME | : THE UNGER FA | AMILY LIMIT | | DEPARTH TALLAHA | REC DO MAY I |
| | EFFECTIVE DA | ATE: | (1) | SSEE | |
| | | Í | 17/1 | 74.65*** | |

CERTIFICATE OF LIMITED PARTNERSHIP

OF.

THE UNGER FAMILY LIMITED PARTNERSHIP

OMA THE STATE OF STAT

THE UNDERSIGNED, constituting the General Partner of THE UNGER FAMILY LIMITED PARTNERSHIP, a Florida Limited partnership, hereby files its Certificate of Limited Partnership in accordance with Chapter 620, Florida Statutes, as follows:

- Name of the Partnership. THE UNGER FAMILY LIMITED PARTNERSHIP
- 2. The address of the office of the Partnership is.

4108 Palm Aire Drive W., 85-B Pompano Beach, FL 33039

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 Partners are.

SAM UNGER EDITH UNGER 4108 Palm Aire Drive, N., 85-B Pompano Beach, FL 33039

5. Mailing address of the Partnership is.

THE UNGER FAMILY
LIMITED PARTNERSHIP
c/o Mr. Sam Unger and
Mrs. Edith Unger
General Partners
4108 Palm Aire Drive, N., 85-B
Pompano Beach, FL 33039

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, 2050.

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 have duly executed this Certificate of Limited Partnership of THE UNGER FAMILY LIMITED PARTNERSHIP, this 3nd day may, 2000.

GENERAL PARTNER(S):

By: SAM UNGER

By: FDITH MACE

By: EDITH (INGER

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been named as Registered Agent for THE UNGER 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:

3

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

UNGER AND EDITH UNGER, the General Partners of THE UNGER 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 3rd day of MAY, 2000

SAM UNGER

Tdiste Cluffe EDITH UNGER

| STATE OF FLORIDA) SS: COUNTY OF BROWARD) | OM, I |
|--|---|
| | before me, the undersigned authority, ersonally before me and took an oath, me or who produced as identification, on this 31d |
| Expires AUG. 10, 2002 BONDED THRU ATLANTIC BONDING CO., INC. | Notary Public, State of Florida Print Name: Lisa D. Belenson My Commission Number: CC765902 My Commission Expires: 8/10/02 |
| STATE OF FLORIDA) SS: COUNTY OF BROWARD) | |
| | personally before me and took an oath, me or who produced as identification, on this 31d |

Commission # CC 765902

Expires AUG. 10, 2002

BONDED THRU

ATLANTIC BONDING CO., INC.

Notary Public, State of Florida Print Name: Lisa D. Belenson My Commission Number: CC765902 My Commission Expires: 8/10/02