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ACCOUNT NO. : 072100000032  
REFERENCE : 717186 11758A

AUTHORIZATION : *Patricia Pizit*  
COST LIMIT : \$ 140.00

FILED STATE  
DIVISION OF CORPORATIONS  
00 JUN -1 AM 8:13

ORDER DATE : June 1, 2000  
ORDER TIME : 2:48 PM  
ORDER NO. : 717186-005  
CUSTOMER NO: 11758A

300003274233--7

CUSTOMER: Jeffrey S. Wachs, Esq  
DOUMAR ALLSWORTH CURTIS CROSS  
DOUMAR ALLSWORTH CURTIS CROSS  
1177 Southeast Third Avenue  
Fort Lauderdale, FL 33316

*100400031136*

DOMESTIC FILING

NAME: THE PERLOFF ENTERPRISES LIMITED PARTNERSHIP

EFFECTIVE DATE:

*(6)*

XX ARTICLES OF INCORPORATION  
       CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY  
       PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janine Lazzarini

EXAMINER'S INITIALS:

*ML*  
*6/1*

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL 32310

CERTIFICATE OF LIMITED PARTNERSHIP

OF

THE PERLOFF ENTERPRISES LIMITED PARTNERSHIP

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THE UNDERSIGNED, constituting the General Partner of THE PERLOFF ENTERPRISES 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 PERLOFF ENTERPRISES LIMITED PARTNERSHIP

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

1509 N.E. 6<sup>th</sup> Street  
Fort Lauderdale, FL 33304

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.

DAVID E. PERLOFF  
1509 N.E. 6<sup>th</sup> Street  
Fort Lauderdale, FL 33304

5. Mailing address of the Partnership is.

THE PERLOFF ENTERPRISES  
LIMITED PARTNERSHIP  
c/o David E. Perloff,  
General Partner  
1509 N.E. 6<sup>th</sup> Street  
Fort Lauderdale, FL 33304

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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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 has duly executed this  
Certificate of Limited Partnership of THE PERLOFF ENTERPRISES  
LIMITED PARTNERSHIP, this 18<sup>th</sup> day of May, 2000.

GENERAL PARTNER(S) :

By: 

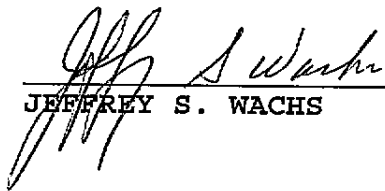
DAVID E. PERLOFF

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

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Having been named as Registered Agent for THE PERLOFF ENTERPRISES 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:

  
\_\_\_\_\_  
JEFFREY S. WACHS

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

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00 JUN - 18 AM 8:13

BEFORE ME, the undersigned authority, personally appeared DAVID E. PERLOFF, the General Partner of THE PERLOFF ENTERPRISES 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, I declare that I have read the foregoing and that the facts alleged are true, to the best of my knowledge and belief.

DATED this 18<sup>th</sup> day of MAY, 2000.


  
\_\_\_\_\_  
DAVID E. PERLOFF

STATE OF FLORIDA            )  
                                          SS:  
COUNTY OF BROWARD        )

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SWORN TO AND SUBSCRIBED before me, the undersigned authority,  
by DAVID E. PERLOFF, who appeared personally before me and took an  
oath, who is personally known to me or who produced \_\_\_\_\_  
\_\_\_\_\_ as identification, on this 18<sup>th</sup> day of  
May, 2000.

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

 NOTARY PUBLIC  
STATE OF FLORIDA  
Lisa D. Belenson  
Commission # CC 765902  
Expires AUG. 10, 2002  
BONDED THRU  
ATLANTIC BONDING CO., INC.