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*Paul S. Labiner*

*Attorney and Counselor at Law*

*Admitted in NY, NJ and Florida*

June 9, 2000

Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

2255 Glades Road  
Suite 422-A  
Boca Raton, FL 33431  
Tel (561) 998-2362  
Fax (561) 998-2358

RE: SPITALNY FAMILY LIMITED PARTNERSHIP, LTD.

Enclosed is an original and one (1) copy each of the

1. Certificate Of Limited Partnership of the SPITALNY FAMILY LIMITED PARTNERSHIP, LTD.
2. Acceptance Of Appointment As Registered Agent;
3. Affidavit Of Capital Contributions; and
4. a check payable to State of Florida for **\$1,837.50** which includes:
  - a. \$1750.00 Filing Fee
  - b. 35.00 Designation of Registered Agent
  - c. 52.50 Certified Copy
5. a self-addressed return envelope provided for your convenience.

All documents and correspondence are to be directed to my office. Your time and consideration in this matter are greatly appreciated.

Sincerely,

*Paul Labiner*

Paul S. Labiner, Esq.

dcs  
Enclosures

cc: William/Miriam Spitalny

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-06/13/00-01084-009  
\*\*\*1837.50 \*\*\*1837.50

mtu 6/15

**CERTIFICATE OF LIMITED PARTNERSHIP OF  
SPITALNY FAMILY LIMITED PARTNERSHIP, LTD.**  
a Florida limited partnership

The undersigned General Partner, desiring to form a limited partnership pursuant to the Florida Revised Uniform Limited Partnership Act (1986), hereby states:

1. The name of the Partnership is:  
SPITALNY FAMILY LIMITED PARTNERSHIP, LTD.
2. The address of the office of the Partnership is:  
2500 S. Ocean Blvd. Apt. 2A4  
Palm Beach, FL 33480
3. The name and address of the agent for service of process on the Partnership is:  
WILLIAM H. SPITALNY  
2500 S. Ocean Blvd. Apt. 2A4  
Palm Beach, FL 33480
4. The name and business address of the general partner is:  
WILLIAM H. SPITALNY and MIRIAM F. SPITALNY  
2500 S. Ocean Blvd. Apt. 2A4  
Palm Beach, FL 33480
5. The mailing address of the Partnership is:  
2500 S. Ocean Blvd. Apt. 2A4  
Palm Beach, FL 33480
6. The latest date upon which the Partnership shall dissolve is May 30, 2010.

The execution of this certificate by the undersigned General Partner constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

IN WITNESS WHEREOF, this Certificate of Limited Partnership has been executed on behalf of the General Partner of the SPITALNY FAMILY LIMITED PARTNERSHIP, LTD. this 8 day of June, 2000.

GENERAL PARTNER:

GENERAL PARTNER:

William H. Spitalny  
WILLIAM H. SPITALNY, General Partner

Miriam F. Spitalny  
MIRIAM F. SPITALNY, General Partner

By: SPITALNY FAMILY LIMITED PARTNERSHIP, LTD.

## AFFIDAVIT OF CAPITAL CONTRIBUTIONS

STATE OF FLORIDA           )  
                                          ) SS  
COUNTY OF PALM BEACH )

**BEFORE ME**, the undersigned authority, personally appeared WILLIAM H. SPITALNY and MIRIAM F. SPITALNY, of 2500 S. Ocean Blvd., Palm Beach, Florida 33480, General Partners of the SPITALNY FAMILY LIMITED PARTNERSHIP, LTD. (the "Partnership"), who, upon being duly sworn, certified as follows:

1. The amount of capital contributions to the Partnership made by the limited partner(s) is/are, in the aggregate, Two-Million and No/100 (\$ 2,000,000 ) Dollars.
2. At this time, it is not anticipated that additional capital contributions will be made by the limited partners.

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.

William H. Spitalny  
WILLIAM H. SPITALNY, General Partner

Miriam F. Spitalny  
MIRIAM F. SPITALNY, General Partner

Date: June 8, 2000

00 JUN 9 AM 11:28  
FALLING  
COUNTY OF PALM BEACH  
FLORIDA

**BEFORE ME**, the undersigned officer, a Notary Public authorized to administer oaths and to take acknowledgments in and for the State and County set forth above, personally appeared WILLIAM H. SPITALNY and MIRIAM F. SPITALNY who are known to me and known by me to be the persons who executed the foregoing Affidavit of Capital Contributions, and who acknowledged to me and before me that they executed this Affidavit as General Partners of the SPITALNY FAMILY LIMITED PARTNERSHIP, LTD., this 8 day of June, 2000

Diane C. Sagel  
NOTARY PUBLIC, State of Florida

DIANE C. SAGEL  
Notary Public, State of Florida  
My comm. exp. Dec. 6, 2002  
Comm. No. CC795096


WILLIAM H. SPITALNY is Personally known ☒  
OR Produced Identification \_\_\_\_\_

MIRIAM F. SPITALNY is Personally known ☒  
OR Produced Identification \_\_\_\_\_

## ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been named as statutory registered agent for the SPITALNY FAMILY LIMITED PARTNERSHIP, LTD., a Florida limited partnership (the "Partnership"), in the foregoing Certificate of Limited Partnership, I hereby agree to act in that capacity, and, on behalf of the Partnership, to accept service of process for the Partnership and to comply with any and all statutes relative to the complete and proper performance of the duties of registered agent.

REGISTERED AGENT:

  
WILLIAM H. SPITALNY

FILED  
00 JUN 13 4:11:20  
SEC. OF STATE  
TALLAHASSEE, FLORIDA