Katherine Harris, Secretary of State **Electronic Filing Cover Sheet** 

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Division of Corporations

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From:

Account Name

: CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053

Phone

: (305)672-0686

Fax Number

: (305)672-9110

# FLORIDA LIMITED PARTNERSHIP

Higier Group, Ltd.

Certificate of Status	
Certified Copy	1
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### CERTIFICATE OF LIMITED PARTNERSHIP

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# HIGIER GROUP, LTD.

The undersigned General Partner desiring to form a limited partnership pursuant to the Florida Revised Uniform Limited Partnership Law as set forth in Section 620,108 of the Florida Statutes, hereby states the following:

- The name of the Partnership is HIGIER GROUP, LTD.
- 2. The address of the office of the Partnership is 1541 Sunset Drive, Coral Gables, Florida 33157.
- 3. The name and address of the agent for service of process on the Partnership is NICHOLAS M. DANIELS, ESQ., Therrel Baisden P.A., SunTrust International Center, One S.E. 3rd Avenue, Suita 2400, Miami, Florida 33131.
- 4. The name and business address of the corporate General Partner is as follows:

MMK INVESTMENTS, INC., a Florida corporation 1541 Sunset Drive Coral Gables, Florida 33157



- 5. The mailing address of the Partnership is: 1541 Sunset Drive, Coral Gables, Florida 33157.
- 6. The latest date upon which the Partnership shall dissolve is July 31, 2050.
- 7. The effective date of this Certificate of Limited Partnership shall be upon filing with the Department of State.
- 8. A conveyance or encumbrance of real property held in the Partnership name, and any other instrument affecting title to real property in which the Partnership has an interest shall be executed in the Partnership name by (a) NICHOLAS M. DANIELS, as Vice President of MMK INVESTMENTS, INC., a Florida corporation, as the General Partner of HIGIER GROUP, LTD. or (b) an authorized

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corporate officer, of MMK INVESTMENTS, INC., a Florida corporation. as General Partner of HIGIER GROUP, LTD.

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 by the General Partner of HIGIER GROUP, LTD. this day of July , 2000.

#### GENERAL PARTNER

INVESTMENTS, MMK Florida corporation

MICHOLAS

INC.,

Vice President

acceptance of appointment as registered agent

Having been named as registered agent for HIGIER CROUP, LTD a Florida limited partnership (the "Partnership"), in the foregoing Certificate of Limited Partnership, I, on behalf of the Partnership, hereby agree to accept service of process for said Partnership and to comply with any and all statutes relative to the complete and proper performance of the duties of Registered Agent.

REGISTERED AGENT

Wr\Nigier\FLP\Certificate of LP.Wpd

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STATE OF FLORIDA ) SS:
COUNTY OF MIAMI-DADE )

# AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned authority, personally appeared NICHOLAS M. DANIELS, as Vice President of MMK INVESTMENTS, INC., a Florida corporation, which is the General Partner of HIGIER GROUP, LTD., a Florida limited partnership, hereinafter referred to as the "Partnership", 1541 Sunset Drive, Coral Gables, Florida 33157, who upon being fully sworn, certified as follows:

1. The amount of capital contributions to the Partnership made by each Limited Partner is as follows:

Gerald M. Higter 1541 Sunset Drive Coral Gables, Florida 33157	SECRETARY TALLAHASSES
Total	\$ 990.00 FILED
2. The amount of additional anticipated to be contributed by each follows:	capital contributions
Gerald M. Higier 1541 Sunset Drive Coral Gables, Florida 33157	· \$ -0-
Total	\$ -0-

FURTHER AFFIANT SAITH NAUGHT.

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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.

# GENERAL PARTNER:

MMK INVESTMENTS, INC., a Florida corporation

MICHOLAS M. DANIELS, Vice President

Dated: July 19, 2000

The foregoing instrument was acknowledged before me this | Office of More of the Partnership, who is personally known to me or has produced as identification.

Notary Public, State of Florida

My Commission Expires:

COMMISSION NO. SCHOOL
WE'N I BLUE STATE OF FLORIDA
COMMISSION NO. SCHOOL
WE'N I BLUE STATE OF FLORIDA
WE'N I BLUE STATE OF CONT. MPC

Print/Type or Stamp Notary Name Commission No. (if any)

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