

CCRS  
103 N. MERIDIAN STREET, LOWER LEVEL  
TALLAHASSEE, FL 32301  
222-1173

FILING COVER SHEET  
ACCT. #FCA-4

**A00000001300**

Please send  
back a refund  
appt. for the  
overpayment.

CONTACT: CINDY HICKS

DATE: 8-21-00

REF. #: 0174

CORP. NAME: Kaplan Investments, Ltd

FILED  
DIVISION OF CORPORATIONS  
00 AUG 21 PM 2:56

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT          | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK         | <input type="checkbox"/> FICTITIOUS NAME         |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input checked="" type="checkbox"/> LIMITED PARTNERSHIP | <input type="checkbox"/> LIMITED LIABILITY       |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                         | <input type="checkbox"/> WITHDRAWAL              |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | <input type="checkbox"/> UCC-1                          | <input type="checkbox"/> UCC-3                   |
| <input type="checkbox"/> OTHER: <u>5</u>             |   |  |

900003365199  
900003365199-4  
-08/21/00--01009--020  
\*\*\*1887.50 \*\*\*1837.50

STATE FEES PREPAID WITH CHECK# 9225 FOR \$ 1,887.50

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

COST LIMIT: \$ \_\_\_\_\_

PLEASE RETURN:

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS     |   |   |

Examiner's Initials

BN 8/21

RECEIVED  
00 AUG 21 AM 10:33  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

CERTIFICATE OF LIMITED PARTNERSHIP OF

KAPLAN INVESTMENTS, LTD.,

a Florida limited partnership

FILED  
CLERK OF SUPERIOR COURT  
DIVISION OF CORPORATIONS  
00 AUG 21 PM 2:56

The undersigned general partner desiring to form a limited partnership pursuant to the Florida Revised Uniform Limited Partnership Law as set forth in Chapter 620 of the Florida Statutes, does hereby state the following:

1. The name of the Partnership is:

KAPLAN INVESTMENTS, LTD.

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

435 L'Ambiance Drive  
Longboat Key, FL 34228

3. The name and address of the agent for service of process on the Partnership is as follows:

Sylvan Kaplan  
435 L'Ambiance Drive  
Longboat Key, FL 34228

4. The name and business address of the general partner is as follows:

Sylvan Kaplan  
435 L'Ambiance Drive  
Longboat Key, FL 34228

5. The mailing address of the Partnership is:

435 L'Ambiance Drive  
Longboat Key, FL 34228

6. The Partnership shall continue perpetually unless sooner terminated as provided in the in the partnership agreement.

7. The effective date of this Certificate of Limited Partnership shall be the effective date of the filing of the certificate of limited partnership with the Department of State.

The execution of this certificate by the undersigned general partners constitutes 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 Sylvan Kaplan, the general partner of KAPLAN INVESTMENTS, a Florida limited partnership, this 22 day of June, 2000.

WITNESSES:

Chronic Dascarys

Sylvan Kaplan  
SYLVAN KAPLAN

James D. Dunn

As to General Partner

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been named to accept service of process for KAPLAN INVESTMENTS, at the place designated in the foregoing Certificate of Limited Partnership, I, hereby agree to act in this capacity and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I accept the duties and obligations of Section 620.192 of the Florida Statutes.

Date: \_\_\_\_\_

6-22-2000

  
SYLVAN KAPLAN, Registered Agent

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 AUG 24 PM 2:56

STATE OF FLORIDA )  
COUNTY OF SARASOTA )

**AFFIDAVIT OF CAPITAL CONTRIBUTIONS**

BEFORE ME, the undersigned Notary Public, personally appeared SYLVAN KAPLAN, the general partner of KAPLAN INVESTMENTS, a Florida limited partnership, hereinafter referred to as "Partnership", who, upon being duly sworn, certifies as follows:

1. The amount of the capital contribution of the limited partners of the Partnership is \$2,000,000.
2. The amount of additional capital contributions of the limited partners of the Partnership anticipated is \$0.00.

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.

WITNESSES:

GENERAL PARTNER:

*Monica Dascenzi*

*Sylvan Kaplan*  
SYLVAN KAPLAN

*Theresa D. Dunn*

Subscribed and acknowledged before me this 22 day of June, 2000, by SYLVAN KAPLAN, who is personally known to me or who has produced \_\_\_\_\_ as identification and who did not take an oath.



KENNETH D. DOERR  
State of Florida Notary Public,  
My Comm. Exp. July 12, 2002  
Comm. No. CC758542

*Theresa D. Dunn*  
Notary Public  
Print Name: \_\_\_\_\_

My Commission expires: