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July 7, 2000

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

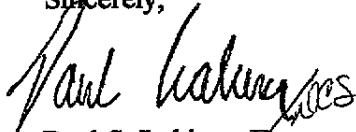
RE: GOLDBERG FAMILY LIMITED PARTNERSHIP, LTD.

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

1. Certificate Of Limited Partnership of the GOLDBERG 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 \$ 787.50 which includes:
 - a. \$ 700.00 Filing Fee (based on \$7 per \$1,000 of Capital Contribution)
 - 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 S. Labiner, Esq.

dcs
Enclosures

cc: Todd & Amy Goldberg

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****787.50 ****787.50

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TALLAHASSEE, FLORIDA





FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

July 24, 2000

PAUL S. LABINER, ESQ.
2255 GLADES RD
SUITE 422-A
BOCA RATON, FL 33431

SUBJECT: GOLDBERG FAMILY LIMITED PARTNERSHIP, LTD.
Ref. Number: W00000018417

We have received your document for GOLDBERG FAMILY LIMITED PARTNERSHIP, LTD. and your check(s) totaling \$787.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name cannot have a double suffix.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6043.

Shawn Logan
Document Specialist

Letter Number: 300A00040318

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TALLAHASSEE, FLORIDA

**CERTIFICATE OF LIMITED PARTNERSHIP OF
GOLDBERG FAMILY LIMITED PARTNERSHIP**

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:
GOLDBERG FAMILY LIMITED PARTNERSHIP
2. The address of the office of the Partnership is:
2497 Provence Circle
Weston, FL 33327
3. The name and address of the agent for service of process on the Partnership is:
TODD GOLDBERG
2497 Provence Circle
Weston, FL 33327
4. The name and business address of the general partner is:
GOLDBERG MANAGEMENT CORP.
2497 Provence Circle
Weston, FL 33327 *p-66686*
5. The mailing address of the Partnership is:
2497 Provence Circle
Weston, FL 33327
6. The latest date upon which the Partnership shall dissolve is June 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 GOLDBERG FAMILY LIMITED PARTNERSHIP this 15th day of June, 2000.

GENERAL PARTNER:

Todd Goldberg
TODD GOLDBERG, as President of GOLDBERG MANAGEMENT CORP.,
General Partner

By: GOLDBERG FAMILY LIMITED PARTNERSHIP

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

STATE OF FLORIDA)
) SS
COUNTY OF PALM BEACH)

BEFORE ME, the undersigned authority, personally appeared TODD GOLDBERG, as President of GOLDBERG MANAGEMENT CORP., a Florida Corporation, of 2497 Provence Circle, Weston, Florida 33327, General Partner of the GOLDBERG FAMILY LIMITED PARTNERSHIP (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, ONE HUNDRED THOUSAND and No/100 (\$ 100,000) 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.

TODD GOLDBERG, as President of GOLDBERG MANAGEMENT CORP.,
General Partner

Date: 6/15/00

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SECRETARY OF STATE
TALLAHASSEE, 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 TODD GOLDBERG, as President of GOLDBERG MANAGEMENT CORP., who is known to me and known by me to be the person who executed the foregoing Affidavit of Capital Contributions, and who acknowledged to me and before me that on behalf of the GOLDBERG MANAGEMENT CORP., he executed this Affidavit as General Partner of the GOLDBERG FAMILY LIMITED PARTNERSHIP this 15 day of June, 2000

NOTARY PUBLIC, State of Florida

TODD GOLDBERG is Personally known ☒
OR Produced Identification ☐



PAUL LABINER
My Comm Exp 4/03/2001
Bonded by Service Ins.
No. CC635847
☒ Personally Known () Other I.D.

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been named as statutory registered agent for the GOLDBERG FAMILY LIMITED PARTNERSHIP, 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:


TODD GOLDBERG

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA