(00+9ct person is either mike koln or mike (apaci (941) 809-0286 (941) 809-0287

Thank you mike rapacion mike "N" I

FILED

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SECRETARY OF STATE
ALLASSEF FLORIDA

mta 10/4

CERTIFICATE OF LIMITED PARTNERSHIP

1	
1. MIKF W I GTO (Name of Limited Partnership; must contain a suffix such as "Limite	d", "Ltd.", or "Limited Partnership")
2. Po Box 278 OSprey FL 3 (Business address of Limited Partner	94229
3. Michael Capaci (Name of Registered Agent for Service of	
4. 5077 River Front Dr Brade (Florida street address for Registered	tenton PL 34+08 Agent)
5. (Registered Agent must sign here to accept designation as Registered	tered Agent for Service of Process)
6. Po box 278 050 PL 34 (Mailing Address of the Limited Part	
7. The latest date upon which the Limited Partnership is to	be dissolved is:
8. Name(s) of general partner(s):	Street address. Sm &
michael Capaci 5072 Michael Kohn 532 S	Sarabay A) Osprey FL 34229
Under penalties of perjury I (we) declare that I (we) have to contents thereof and that the facts stated herein are true are	read the foregoing and know the and correct.
Signed this 27 day of 5eptember	, DODO
Signature of all general/partners:	
General Partner	General Partner
General Partner	General Partner
General Partner	General Partner

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR FLORIDA LIMITED PARTNERSHIP

The undersigned constituting all of the general partners of Mile WII	
a Florida Limited Partnership, certify:	
The amount of capital contributions to date	of the limited partners is \$
The total amount contributed and anticipated totals \$_/000, 00 .	d to be contributed by the limited partners at this time
Signed this 27^{4} day of $5epte$.	Mber 200 SEGRETA FI
	e that I (we) have read the foregoing and know the rein are true and correct.
General Partner General Partner General Partner	General Partner General Partner
General Partner	General Partner