

**WILLIAM A. SNYDER**

ATTORNEY AT LAW

Florida Bar Board Certified  
Wills, Trusts & Estates

LL.M. - Estate Planning

October 4, 2000

Florida Dept. of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

7931 SW 45th Street  
Davie, FL 33328-3099  
Phone (954) 475-1139  
Fax (954) 475-2634  
E-Mail billwaslaw@mindspring.com

**Re: Boyd Family Limited Partnership**

Dear Sir/Madam:

You will find enclosed the following:

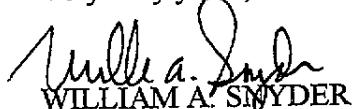
1. Certificate of Limited Partnership of *Boyd Family Limited Partnership*, with Registered Agent designation;
2. Affidavit signed by the General Partner;
3. Check in the amount of \$1,846.25 representing:

|                                     |                   |
|-------------------------------------|-------------------|
| (A) Filing fee                      | \$1,750.00        |
| (B) Designation of Registered Agent | 35.00             |
| (C) Certified copy                  | 52.50             |
| (D) Additional Certificate          | 8.75              |
|                                     | <u>\$1,846.25</u> |

Should you have any questions or need any additional information, please feel free to contact the undersigned at (954) 475-1139. The acknowledgment and certified copies should be forwarded to my office.

Thank you for your attention to this matter.

Very truly yours,

  
WILLIAM A. SNYDER

WAS/cks

Enclosures as noted

CC: Boyd Family Holdings, Inc.

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-10/06/00--01059--011  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

EX-10-15

A00-1558  
QR

**CERTIFICATE OF LIMITED PARTNERSHIP  
OF  
BOYD FAMILY LIMITED PARTNERSHIP**

Pursuant to the provisions of the Florida Revised Uniform Limited Partnership Act (1986) and Section 620.108 of the Florida Statutes, the undersigned, being the sole General Partner of **BOYD FAMILY LIMITED PARTNERSHIP**, hereby duly executes and files with the Florida Secretary of State this Certificate of Limited Partnership.

1. The name of the limited partnership is **BOYD FAMILY LIMITED PARTNERSHIP**.
2. The business address and the mailing address of the limited partnership is 6400 Hollywood Boulevard, Hollywood, Florida 33024-7734..
3. The name of the registered agent for service of process required by Section 620.105 of the Florida Statutes is:

**ADONIS L. BOYD**

4. The Florida street address for the registered agent is:

6400 Hollywood Boulevard  
Hollywood, Florida 33024-7737

5. **Acceptance of Appointment of Registered Agent:**

Having been named the statutory registered agent of **BOYD FAMILY LIMITED PARTNERSHIP** at the place designated in this Certificate of Limited Partnership of **BOYD FAMILY LIMITED PARTNERSHIP**, I hereby accept such designation and confirm that I am familiar with and agree to accept the obligations imposed by Chapter 620.192 of the Florida Statutes and I agree to comply with the provisions of Florida Law relative to keeping the registered office open.

  
**ADONIS L. BOYD**, Registered Agent

Dated: Sept 28, 2000

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

ADONIS L. BOYD  
6400 Hollywood Boulevard  
Hollywood, Florida 33024-7737

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

7. The latest date on which the limited partnership is to dissolve is December 31, 2050.

8. The effective date of the commencement of the Limited Partnership is October 15, 2000.

**IN WITNESS WHEREOF**, the sole General Partner has executed the foregoing Certificate of Limited Partnership on this 28<sup>th</sup> day of Sept., 2000 in accordance with Section 620.114 of the Florida Statutes.

Boyd Family Holdings, Inc., a Florida corporation, General Partner

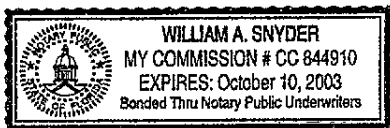
By: Adonis L. Boyd President  
ADONIS L. BOYD, President

STATE OF FLORIDA

COUNTY OF BROWARD

The foregoing instrument was acknowledged before me this 28<sup>th</sup> day of September, 2000 by **ADONIS L. BOYD**, in his capacity as President of **BOYD FAMILY HOLDINGS, INC.** The aforesaid personally appeared before me, is personally known to me, and did not take an oath.

FILED  
00 OCT -6 11:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



William A. Snyder  
Notary Public, State of Florida,  
at Large.  
William A. Snyder  
Print, Type, or Stamp Name

My Commission Expires:

[NOTARIAL SEAL]

## AFFIDAVIT

**BEFORE ME**, the undersigned, constituting the sole general partner of **BOYD FAMILY HOLDINGS, INC.**, a Florida limited partnership, certifies as follows:

1. The total amount contributed and anticipated to be contributed by the Limited Partner at this time totals \$5 million.

### **FURTHER AFFIANT SAYETH NAUGHT.**

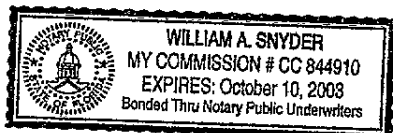
Under penalties of perjury, I declare that I have read the foregoing and that the facts alleged are true to the best of my knowledge and belief.

Boyd Family Holdings, Inc., a Florida corporation, General Partner

By: *Adonis L. Boyd, President*  
**ADONIS L. BOYD, President**

STATE OF FLORIDA  
COUNTY OF BROWARD

The foregoing instrument was acknowledged before me this 28 day of Sept, 2000 by **ADONIS L. BOYD** in his capacity as President of **BOYD FAMILY HOLDINGS, INC.** The aforesaid personally appeared before me, is personally known to me, and did not take an oath.



*William A. Snyder*  
Notary Public, State of Florida,  
at Large.  
WILLIAM A. SNYDER  
Print, Type, or Stamp Name

My Commission Expires: \_\_\_\_\_

[NOTARIAL SEAL]