

A0000001709

ACCOUNT NUMBER: FLA000000005
REFERENCE: 16 24477-2
(Sub Account)
DATE: 11-8
REQUESTOR NAME: Lexis Document Services

ADDRESS:

TELEPHONE: () () - () () EXT

CONTRACT NUMBER:

CORPORATION NAME: Bolonik Family Limited Partnership

FILED
NOV -8 PM 5:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT NUMBER:
(if applicable)

AUTHORIZATION:

C. Woodyard
Cynthia J. Woodyard L.P.

CERTIFIED COPY (A-2)
 CERTIFICATE OF STATUS (A-3)
 REALTY CERTIFIED COPY

400003457164--2

() Call When Ready () Call if Problem () After 4:00
() Walk In () Will Wait () Pick Up
() Walk Out

69.30
104.30
52.50
156.80

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DEPARTMENT OF STATE
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TO THE CLERK OF THE
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BR File
11/8/08 2nd

CERTIFICATE OF LIMITED PARTNERSHIP

1. BOLONIK FAMILY LIMITED PARTNERSHIP
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")
2. 6010 S. Falls Circle Drive, #417, Ft. Lauderdale, FL 33319
(Business address of Limited Partnership)
3. Samuel J. Bolonik
(Name of Registered Agent for Service of Process)
4. 6010 S. Falls Circle Drive, #417, Ft. Lauderdale, FL 33319
(Florida street address for Registered Agent)
5. *Samuel Bolonik*
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)
6. 6010 S. Falls Circle Drive, #417, Ft. Lauderdale, FL 33319
(Mailing Address of the Limited Partnership)

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7. The latest date upon which the Limited Partnership is to be dissolved is: 12/31/2040
 8. Name(s) of general partner(s): _____ Street address: _____

Dr. Samuel J. Bolonik Trust 6010 S. Falls Circle Dr., #417

Dated March 1, 1972 Ft. Lauderdale, FL 33319

606313900136 _____

Under penalties of perjury I (we) declare that I (we) have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 1st day of November, 2000.

Signature of all general partners:

By: <u><i>Samuel Bolonik</i></u> General Partner	_____
<u>Dr. Samuel J. Bolonik, Trustee</u>	_____
_____	_____
_____	_____
_____	_____

**AFFIDAVIT OF CAPITAL CONTRIBUTIONS
FOR FLORIDA LIMITED PARTNERSHIP**

The undersigned constituting all of the general partners of

BOLONIK FAMILY

LIMITED PARTNERSHIP

a Florida Limited Partnership, certify:

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The amount of capital contributions to date of the limited partners is \$ 9,900.

The total amount contributed and anticipated to be contributed by the limited partners at this time totals \$ 9,900.

Signed this 15th day of November, 2000.

FURTHER AFFIANT SAYETH NOT.

Under the penalties of perjury I (we) declare that I (we) have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

DR. SAMUEL J. BOLONIK TRUST
DATED MARCH 1, 1972

By: Samuel J. Bolonik
General Partner
Dr. Samuel J. Bolonik, Trustee

General Partner

General Partner

General Partner

General Partner

General Partner