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FILINGS, INC. TER	ESA ROMAN
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(Requestor's Name)

2805 LITTLE DEAL ROAD

(Address)

TALLAHASSEE, FLORIDA 32308

385-6735

OFFICE USE ONLY

(City, State, Zip)

(Phone #)

Other

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CORPORATION NAM	IE(s) & DOCUMENT NUM	IBER(S) (if known):	
1. <u>N.5. Lim</u>	ites Partnership	(Document #)	-
2. (Corporati	on Nama)	(Document #)	
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(Corporati	on Name)	(Document #)	
4. (Corporati	on Name)	(Document#)	
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Profit NonProfit Limited Liability Domestication Other OTHER FILINGS Annual Report	Amendment Resignation of R.A., Office Change of Registered Ager Dissolution/Withdrawal Merger REGISTRATION/ QUALIFICATION Foreign	TILED OF STARY OF S	



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

November 14, 2000

FILINGS, INC.

TALLAHASSEE, FL

SUBJECT: N.S. LIMITED PARTNERSHIP

Ref. Number: W00000027097



We have received your document for N.S. LIMITED PARTNERSHIP and your check(s) totaling \$1837.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED your \$1,837.50 payment.

The limited partnership name designated in the document is not available since it is the same as, or not distinguishable from the name of another entity on file with this office. Please select a new name and make the substitution in all the appropriate places.

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) 487-6914.

Buck Kohr Corporate Specialist

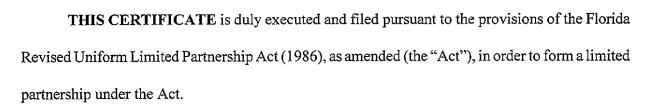
Letter Number: 000A00058622

DIVISION OF PH 2: 46

CERTIFICATE OF LIMITED PARTNERSHIP

OF THE

N. SHAPIRO, LTD.



- (a) Name. The name of the subject limited partnership is the N. SHAPIRO, LTD. (the "Partnership").
- (b) <u>Recordkeeping Office</u>. The address of the office at which the Partnership shall keep the records required to maintained under the Act is:

Suite 200 7000 West Palmetto Park Road Boca Raton, FL 33433

<u>Registered Agent</u>; <u>Registered Office</u>. The name and address of the agent for service of process on the Partnership required to be maintained under the Act are:

Law Offices of Steven Garellek, P.A.
A Florida Corporation
Suite 200
7000 West Palmetto Park Road
Boca Raton, FL 33433

(c) General Partner. The name and business address of the sole general partner are:

Shapiro G.P. Inc.
Suite 200
7000 West Palmetto Park Road
Boca Raton, FL 33433

(d) <u>Mailing Address</u>. The mailing address of the Partnership is:

Suite 200 7000 West Palmetto Park Road Boca Raton, FL 33433

(e) <u>Term.</u> The latest date upon which the Partnership is to dissolve is December 31, 2040.

IN WITNESS WHEREOF, the general partner has duly executed this Certificate, this

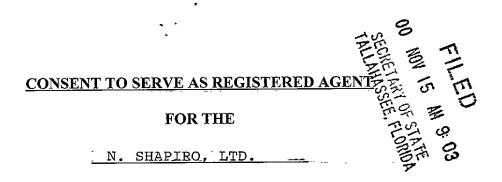
SHAPIRO G.P. INC.

President

Secretary

9Th day of NOVEMBER, 2000.

- 2 -



Having been appointed to serve in the State of Florida as the registered agent of, and to accept service of process for, the N. SHAPIRO, LTD, the undersigned hereby accepts said appointment and agrees to serve as said registered agent. The undersigned further agrees to comply with the provisions of all Florida statutes relative to the proper and complete performance of the undersigned's duties, and hereby acknowledges that the undersigned is familiar with and accepts the obligation of the undersigned's position as said registered agent.

Dated: 11/9, , 2006

LAW OFFICES OF STEVEN GARELLEK, P.A. a Florida corporation

By President

Secretary

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EGRETARY OF STATE

LLAHASSEE, FLOORINA

COUNTY OF PALM BEACH STATE OF FLORIDA

ON MAILED M. G. C. A. M. G. C. A. M. G. C. C. Before me the undersigned authority, personally appeared Nevin Shapiro, who being duly sworn, on oath deposes and states:

The undersigned being the President of the general partner of N. SHAPIRO, LTD, a Florida Limited Partnership, certify:

- The amount of capital contributions to date of the limited partners is \$100 1.
- The total amount contributed and anticipated to be contributed by the limited 2. partners at this time totals \$5,000,000.
- Affiant further states that he is familiar with the nature of an oath and with the penalties as provided by the laws of the State of Florida for falsely swearing to statements made in an instrument of this nature. Affiant further certifies that he has read, or has heard read to him, the full facts of this Affidavit and understands its contents.

Dated this 1 day of November, 2000. Nevin Shapiro as President of Shapiro G.P. Inc.

SWORN TO, SUBSCRIBED AND ACKNOWLEDGED before me this Wowenday, 2000, by Nevin Shapiro as President of Shapiro G.P. Inc. who is personally known to me or produced FL Dunie Lie as identification.

Notary Public State of Florida

(seal)

My Commission Expires:

