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CERTIFICATE OF LIMITED PARTNERSHIP

- 1. **Name of Limited Partnership:** CINDERELLA HOLDINGS, LTD
- Business Address of Limited Partnership:
 5730 West 12th Lane,
 Hialeah, Florida 33012
- 3. Name & Address of Registered Agent for Service of Process: ARAZOZA & FERNANDEZ FRAGA P.A.
- Florida Street Address for Registered Agent:
 2100 Salzedo Street, Suite 300
 Coral Gables, Florida 33134
 Attn. Carlos F. Arazoza

00 DEC 26 AM II: 38
SECRETARY OF STATE
TALLAHASSEE, FLORID

5. Registered Agent signature accepting designation as Agent for Service of Process:

Carlos F. Arazoza, Managing Partner Arazoza & Fernandez-Fraga P.A.

6. Mailing Address of Limited Partnership:

5730 West 12th Lane, Hialeah, Florida 33012

7. Latest date upon which Limited Partnership is to be dissolved is:

December 31, 2029

8. Name of General Partner

JOSE M. VILA

Street Address of General Partner

5730 West 12th Lane, Hialeah, Florida 33012

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

Signed this _____ day of December, 2000

Signature of the following partner:

Typed name of signing partners above:

JOSE M. VILA, as Trustee of the Jose M. Vila Revocable Trust

General Partner

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR FLORIDA LIMITED PARTNERSHIP

The undersigned constituting the sole general Partner of CINDERELLA HOLDINGS, LTD., a Florida Limited Partnership, certify:

The amount of capital contributions to date of the Limited Partners is

\$ 990,000 The total amount contributed and anticipate Limited Partners at this time totals \$ 9	SECRETARY OF STATE FLORID and to be contributed by the ed	
Signed thisday of December, 2000	: 38 ORIDA	
FURTHER AFFIANT SAYETH NOT		
Under penalties of perjury I declare that I have read the jand that the facts stated herein are true and correct.	foregoing and know the contents thereof	
Signed thisday of December, 2000	A MA	
Signature of the following partner: Typed name of signing partners above:	JOSE M. VILA, as Trustee of the Jose M. Vila Revocable Trust General Partner	
STATE OF FLORIDA		

COUNTY OF DADE

I HEREBY CERTIFY that before me personally appeared JOSE M. VILA to me known to be the person described in the foregoing Affidavit and he acknowledged before me that he executed the same, and being sworn to before me, acknowledged that he executed the same, this 5^{7H} day of December, 2000.

NOTARY PUBLIC

MY COMMISSION EXPIRES:

