

A010000000272

F/E

Box 530433
Miami, FL. 33153

Florida Division of Corporations
409 East Gaines Street
Tallahassee, FL. 32399

February 21, 2001

re: formation of limited
partnership

Gentlemen:

Enclosed please find a money order in the amount of \$96.25 to cover the filing fee of \$52.50, the registered agent fee of \$35.00 and \$8.75 for one certificate under seal.

Included is a prepaid U.S. Mail overnight return envelope for your delivery of the above desired certificate.

Attached are the requisite certificate of limited partnership and the affidavit of capital contributions, signed as necessary by the general partner, Keegan A. Curl.

Kindly expedite the processing of this application as time is of the essence. order that we may comply with the deadline for filing for homestead exemption, must be preceded by filing a mortgage including the capital contribution and deed.

I will phone your offices the day this letter is received by you to confirm your receipt and your mailing of the certificate.

Thank you for your attention to this application.

Sincerely yours,

Daryl Bernard

Enclosures:

\$96.25 money order
return envelope
certificate of limited partnership
affidavit of capital contributions

205-945-2316

100003758211--0
-02/23/01--01061--004
*****36.25 *****36.25

Name	Available
Document Examiner	
U. S. er	
U. S. er	
Verifier	
Administrative	
W. P. Verifier	

FILING 52.50
COPY 8.75
AGENT 35.00
TOTAL 96.25
BALANCE DUE \$
REFUND \$

CERTIFICATE OF LIMITED PARTNERSHIP

1. The M. P. CAMINADE FAMILY LIMITED PARTNERSHIP
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")

2. C/O Fulghum
Post Office Box 530433, Miami, FL, 33153 SEE LINE 4, IF REQUIRED K.T.C.
(Business address of Limited Partnership)

3. DONNA PAYNE
(Name of Registered Agent for Service of Process)

4. 7900 NW 27 AVE SUITE 159 B MIAMI FL 33147
(Florida street address for Registered Agent)

5. Donna R
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)

6. C/O Fulghum
Post Office Box 530433, Miami, FL, 33153
(Mailing Address of the Limited Partnership)

7. The latest date upon which the Limited Partnership is to be dissolved is: 12/01/2051
8. Name(s) of general partner(s): Street address:

<u>KEEGAN A. GURL</u>	<u>C/O Fulghum</u>
<u></u>	<u>PO Box 530433, Miami, FL, 33153</u>
<u></u>	<u></u>
<u></u>	<u></u>
<u></u>	<u></u>

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 DECEMBER, 2000.

Signature of all general partners:

Keegan A. Gurl
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 _____

The M. P. CAMINADE FAMILY LIMITED PARTNERSHIP

a Florida Limited Partnership, certify:

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 FEB 23 PM 4:41

The amount of capital contributions to date of the limited partners is \$ 5,500.00

The total amount contributed and anticipated to be contributed by the limited partners at this time
totals \$ 5,500.00

Signed this 1st day of DECEMBER, 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.

Klugon A. Lull
General Partner

General Partner

General Partner

General Partner

General Partner

General Partner