



THE UNITED STATES  
CORPORATION  
COMPANY

A01000000390

ACCOUNT NO. : 072100000032

REFERENCE : 082236 4306827

AUTHORIZATION :

Patricia Piquito

COST LIMIT : \$ 140.00

FILED  
01 MAR 19 PM 3:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ORDER DATE : March 19, 2001

ORDER TIME : 10:31 AM

ORDER NO. : 082236-010

CUSTOMER NO: 4306827

CUSTOMER: Ms. Judy Hoodiman  
Abrams Anton, P.a.

000003877080--6

2021 Tyler Street

Hollywood, FL 33022

DOMESTIC FILING

NAME: JMLS FAMILY LTD.

EFFECTIVE DATE:

ARTICLES OF INCORPORATION  
XX CERTIFICATE OF LIMITED PARTNERSHIP  
ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY  
PLAIN STAMPED COPY  
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Andrea C. Mabry - EXT.

EXAMINER'S INITIALS:

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2001 MAR 19 AM 11:30  
NOT INTENDED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

hsk

3/19

**CERTIFICATE OF LIMITED PARTNERSHIP OF**

***JMLS FAMILY LTD.,***  
**a Florida Limited Partnership**

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TALLAHASSEE, FLORIDA

The undersigned General Partners, desiring to form a limited partnership, pursuant to the Florida Revised Uniform Limited Partnership Law, hereby state the following:

1. The name of the partnership is: ***JMLS FAMILY LTD.***
2. The address of the office of the partnership is: ***1112 Weston Road, #226 , Weston, Florida 33326.*** This is also the partnership's mailing address.
3. The name and address of the agent for service of process on the partnership is: ***Alan B. Cohn, Esquire, Abrams Anton P.A., 2021 Tyler Street, Hollywood, Florida 33020.***
4. The name and address of the General Partner is: ***Medical Practice Strategies, Inc., 1112 Weston Road, #226, Weston, Florida 33326.*** POUUUU 12308
5. The latest date upon which the partnership shall dissolve is fifty (50) years from the filing of this Certificate of Limited Partnership in the State of Florida.
6. Except as specifically provided in the Partnership Agreement, no Partner shall be entitled to contribute capital to the Partnership without the consent of the General Partners, to withdraw, or to a return of any part of their capital contribution or to receive property or other assets other than cash in return thereof, and the General Partners shall not be liable for the return of all or any portion of the Limited Partners' contribution.
7. All annual net profits of the partnership shall be divided among the partners in the same proportions as the partners' then capital accounts unless retained for partnership investments and business activities unless as set forth in Article IV of the Partnership Agreement.

8. There are priority distributions to Limited Partners over other Limited Partners with respect to distributions as set forth in Article IV of the Partnership Agreement.

9. A Limited Partner may not demand property other than cash in return for its contributions.

The execution of this Certificate by the undersigned General Partner constitute an affirmation under the penalties of perjury that the facts stated herein are true.

**IN WITNESS WHEREOF**, this Certificate of Limited Partnership has been executed by the authorized representative of the General Partner of *JMLS FAMILY LTD.*, this 16, day of March, 2001.

**Witnesses:**

**GENERAL PARTNER:**  
**Medical Practice Strategies, Inc.**

By: \_\_\_\_\_

*Alan B. Cohn, Esq.,*  
*Authorized Representative*

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**TALLAHASSEE, FLORIDA**

Having been named as registered agent for *JMLS FAMILY LTD.*, a Florida limited partnership (the "Partnership"), in the foregoing Certificate of Limited Partnership, I, on behalf of the Partnership, hereby agree to accept service of process for said Partnership and to comply with any and all statutes relative to the complete and proper performance of the duties of registered agent.

REGISTERED AGENT:

  
ALAN B. COHN, ESQ.

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TALLAHASSEE, FLORIDA

**AFFIDAVIT OF CAPITAL CONTRIBUTION**

STATE OF FLORIDA  
COUNTY OF BROWARD

BEFORE ME, the undersigned, personally appeared *Alan B. Cohn* Authorized Representative of *MEDICAL PRACTICE STRATEGIES, INC.*, the General Partner of *JMLS FAMILY LTD.*, a Florida limited partnership, who, upon being duly sworn, certifies as follows:

The amount of capital contributions to the partnership made by all of the Limited Partnership is as follows:


\$500.00

The amount of additional capital contribution anticipated to be contributed by each Limited Partner is as follows: -0-

FURTHER, AFFIANT SAYETH NAUGHT.

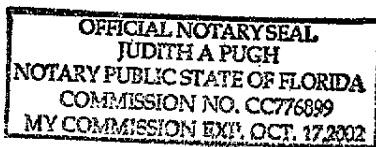
Under penalties of perjury, I declare that I have read the foregoing and that the facts alleged are true, to the best of my knowledge and belief.

**GENERAL PARTNER:**  
**Medical Practice Strategies, Inc.**

By:   
*Alan B. Cohn, Esq.*  
*Authorized Representative*

The foregoing Affidavit was subscribed and acknowledged before me by *Alan B. Cohn*, as *Authorized Representative of Medical Practice Strategies, Inc.*, the general partner of *JMLS FAMILY LTD.*, a Florida limited partnership, who is personally known to me or who has produced N/A as identification, on this 16 day of March, 2001.

  
Notary Public, State of Florida



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