

Division of Corporations

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Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 922-4003

From:
Account Name : FILINGS, INC.
Account Number : 072720000101
Phone : (850) 385-6735
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA LIMITED PARTNERSHIP

SEVELL REALTY HOLDINGS, LTD.

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$96.25

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**CERTIFICATE OF LIMITED PARTNERSHIP OF
SEVELL REALTY HOLDINGS, LTD.
a Florida Limited Partnership**

The undersigned General Partner, desiring to form a limited partnership under the Florida Revised Uniform Limited Partnership Act (1986), hereby states:

1. The name of the Partnership is **SEVELL REALTY HOLDINGS, LTD.**
2. The address of the office of the Partnership is 2585 N.W. 23rd Way, Boca Raton, Florida 33431.
3. The name and address of the agent for service of process on the Partnership is Arnold Sevell, 2585 N.W. 23rd Way, Boca Raton, Florida 33431.
4. The name and business address of the sole general partner is **BANKSITES, Inc.**, 2585 N.W. 23rd Way, Boca Raton, Florida 33431.
5. The mailing address of the Partnership is 2585 N.W. 23rd Way, Boca Raton, Florida 33431.
6. The latest date on which the Partnership shall dissolve is **December 31, 2050.**

K91262

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

IN WITNESS WHEREOF, this Certificate of Limited Partnership has been executed on behalf of the sole General Partner of **SEVELL REALTY HOLDINGS, LTD.**, on this 28 day of March, 2001.


SECRETARY OF STATE
ALLAH HASSAN
FLORIDA

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GENERAL PARTNER:

BANKSITES, INC.

By: 
Name: **Arnold Sevell**
Title: **President**

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ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

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

REGISTERED AGENT:



ARNOLD SEVELL
2585 N.W. 23rd Way
Boca Raton, FL 33431

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TALLAHASSEE, FLORIDA

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AFFIDAVIT OF CAPITAL CONTRIBUTIONS

**STATE OF FLORIDA
COUNTY OF PALM BEACH**

Before me, the undersigned authority, personally appeared **ARNOLD SEVELL**, President of **BANKSITES, INC.**, the sole general partner of **SEVELL REALTY HOLDINGS, LTD.** (the "Partnership"), who was sworn, certified as follows:

1. The amount of capital contributions to the Partnership made by the limited partners is, in the aggregate, One Thousand Dollars (\$1,000.00).
2. At this time, it is not anticipated that additional capital contributions will be made by the limited partners.

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.

Applicant

Sworn to and subscribed before me on this 28 day of March, 2001, by **ARNOLD SEVELL**, President of **BANKSITES, INC.**

Notary Public -- State of Florida
Print Name: Lee Ann Ryan

Personally Known
OR
Produced Identification

Type of Identification Produced _____

(Seal)



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TALLAHASSEE, FLORIDA

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