

AD1000000702

 oceri Management

P: 404.237.5710
F: 404.467.7758

2 West Wesley NW #9
May 2, 2001, GA 30305

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00789 - 00507 - 00671

Department of State
Division of Corporations
P O Box 6327
Tallahassee, FL 32314

MJM

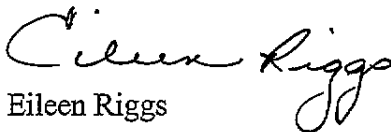
To Whom it May Concern:

Enclosed please find our Certificate of Limited Partnership, Affidavit of Capital Contributions for Florida Limited Partnership along with our check # 2584 in the amount of \$140.00 which covers filing fee of \$52.50, our registered agent fee of \$35.00 and our fee of \$52.50 for a certified copy of our certificate with seal. We have also enclosed a preprinted return overnight UPS label and envelope for your use to send this certificate back to us as soon as it is ready.

If you need to contact us, a contact person would be Jennifer Corry or Eileen Riggs at the phone number listed on our stationary above.

Thank you for your assistance with this matter.

Sincerely,


Eileen Riggs

W01-10276

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****140.00 ****140.00

FILED
01 MAY 21 AM 11:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

May 7, 2001

EILEEN RIGGS
MOCERI MANAGEMENT
2 WEST WESLEY NW #9
ATLANTA, GA 30305

SUBJECT: MOCERI MANAGEMENT, LLC
Ref. Number: W01000010276

We have received your document for MOCERI MANAGEMENT, LLC and your check(s) totaling \$140.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must add a limited partnership suffix to the name, such as LTD., LIMITED, or LIMITED PARTNERSHIP.

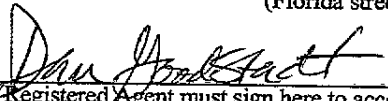
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6967.

Michelle Hodges
Document Specialist

Letter Number: 101A00026996

CERTIFICATE OF LIMITED PARTNERSHIP

1. Moceri Management, Limited Partnership
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")
2. 8743 Thomas Dr. #1131 Panama City Beach, FL 32408
(Business address of Limited Partnership)
3. Daniel Goodstadt
(Name of Registered Agent for Service of Process)
4. 950 S. Miami Ave. Miami FL 33130
(Florida street address for Registered Agent)
5. 
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)
6. 2 W. Wesley Rd. Atlanta, GA 30305
(Mailing Address of the Limited Partnership)

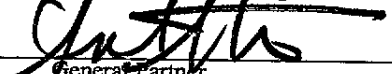
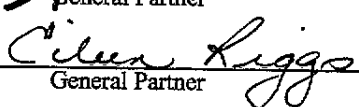
7. The latest date upon which the Limited Partnership is to be dissolved is: _____
8. Name(s) of general partner(s): _____ Street address: _____

<u>Antonina Moceri</u>	<u>2 W. Wesley Rd, Atlanta, GA 30305</u>
<u>Eileen Riggs</u>	<u>4044 Glenlake Trace, Kennesaw, GA</u> <u>30144</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 2 day of May, 2001

Signature of all general partners:

<u></u> General Partner	_____
<u></u> General Partner	_____
_____	_____
General Partner	General Partner

General Partner

General Partner

General Partner

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01 MAY 21 AM 11:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**AFFIDAVIT OF CAPITAL CONTRIBUTIONS
FOR FLORIDA LIMITED PARTNERSHIP**

The undersigned constituting all of the general partners of Mocer Management, Limited
Partnership,

a Florida Limited Partnership, certify:

The amount of capital contributions to date of the limited partners is \$ 200.00

The total amount contributed and anticipated to be contributed by the limited partners at this time
totals \$ 100.00

Signed this 2 day of May, 2001

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.*


General Partner

General Partner


General Partner

General Partner

General Partner

General Partner