Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

: (850)205-0383 Fax Number

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 Phone : (305)634-3694 Fax Number : (305)633-9696

FLORIDA LIMITED PARTNERSHIP

josterda Lp.

| Certificate of Status | O CONTRACTOR OF THE PROPERTY O |
|-----------------------|--|
| Certified Copy | 1 |
| Page Count | 03 |
| Estimated Charge | \$142.10 |



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

May 31, 2001

EMPIRE

SUBJECT: JOSTERDA L.P.

REF: W01000012374

SECRETE OF STATE AND ANASSEE, FLORIDA

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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) 487-6043.

Shawn Logan Document Specialist FAX Aud. #: H01000070255 Letter Number: 101A00033119

NECKY STATE STATE

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

JUN-01-2001 10:42

P.01/04

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CERTIFICATE OF LIMITED PARTNERSHIP

JOSTERDA LIMITED PARTNERSHIP A Florida Limited Partnership

| 1. | The name of the limited partnership shall be: JOSTERDA ., a Florida Limited Partnership. | | |
|-----------|---|---|--|
| 2. | The business address of the limited part Suite 314, Weston, Florida 33326. | iness address of the limited partnership shall be: 1290 Weston Road, 4. Weston, Florida 33326. | |
| 3, | The name of the registered agent shall be: Michael J. Eisler. | | |
| 4. | The Florida street address for the resident agent shall be: 1290 Weston Road, Suite 314, Weston, Florida 33326. | | |
| 5. | The mailing address of the limited partnership shall be: 1290 Weston Road, Suite 314, Weston, Florida 33326. | | |
| 6. | The latest date upon which the limited partnership is to be dissolved is 400. | | |
| 7. | NAME OF GENERAL PARTNER(S) | SPECIFIC ADDRESS | |
| 8. | ENTERPRISE TITLE III, INC. | 1290 Weston Road, Suite 314 Weston, Florida 33326 | |
| Signed th | nis 30h day of Hale | 2001 | |

ENTERPRISE TITLE III, INC.

DONING OF THE

ACCEPTANCE OF DESIGNATION AS REGISTERED AGENT

- - - -

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Signature of all general partners:

H010000 70255

SUPPLEMENTAL AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FLORIDA LIMITED PARTNERSHIP

LIMITED PARTNERSHIP

The undersigned general partner of JOSTERDA ★ ., a Florida limited partnership, executed this supplemental affidavit filed pursuant to Section 620.112, Florida Statutes.

The total amount of the capital contributions of the limited partners is \$7,800.00.

This 30th day of May, 2001.

FURTHER AFFIANT SAYETH NAUGHT.

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

GENERAL PARTNER:

ENTERPRISE TITLE III, INC.

DONNA W. STRAUS, President

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