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CUSTOMER:	Mitch Mitch	ell Sherman, Esq ell A. Sherman, P	.a.	TASSELLE OF SELECTION OF SELECT
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CERTIFICATE OF LIMITED PARTNERSHIP

- Name: ONE HUNDRED THIRTY FIFTH STREET DEVELOPMENT GRO 1.
- Business Address: C/O Mitchell A. Sherman, P.A. 1301 N. Congress Ave., Suite 2 2. Boynton Beach, Fl. 33426
- 3. Registered Agent: Mitchell A. Sherman, P.A.
- Address of Registered Agent: 1301 N. Congress Ave., Suite 210, Boyton Beach, Florida 4. 33426.
- Signature of Registered Agent: 5.
- Mailing Address of Limited Partnership: C/O Mitchell A. Sherman, P.A. 1301 N. 6. Congress Ave., Suite 210, Boynton Beach, Fl. 33426
- Latest Date of Dissolution of Partnership: June 22, 2030 7.
- Names of General Partners: 8.

Street Address:

North Miami Development Company

601000102

C/O Mitchell A. Sherman, P.A. 1301 N. Congress Ave., Suite 210, Boynton Beach, Fl. 33426

Under penalties of perjury I declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 18th day of May, 2001.

Signature of General Partner:

North Miami Development Company

a Florida corporation

President

AFFIDAVAT OF CAPITAL CONTRIBUTIONS FOR FLORIDA LIMITED PARTNERSHIP

The undersigned constituting all of the general partners of ONE HUNDRED THIRTY FIFTH STREET DEVELOPMENT GROUP, LTD., a Florida limited partnership, certify

The amount of the capital contributions to date of the limited partners is \$300.00?

The total amount contributed and anticipated to be contributed by the limited partners at this time totals \$300.00*

Signed this 18th day of May, 2001.

Under penalties of perjury, I declare that I have read the foregoing and know the contents thereof and that the facts statedherein are true and correct.

Signed this 18th day of May, 2001.

Signature of General Partner:

North Miami Development Company a Florida corporation

Sy: 11 Presiden

^{*}Subject to filing of supplemental affidavit upon receipt of further capital contributions of limited partners.