

A 0200000186
ATKINSON, DINER, STONE, MANKUTA & PLOUCH, P.A.
ATTORNEYS AT LAW

WILSON C. ATKINSON, III
JESSE H. DINER
ADELE I. STONE*
DAVID B. MANKUTA
LAWRENCE M. PLOUCHA
RICHARD B. SABRA
JOSEPH J. HUSS
RICHARD A. IVERS
KIMBERLY HALL DOYLE
MARGARET Z. VILLELLA
HOWARD ALLEN COHEN*
BARRY S. SCHINDER
PAUL M. RENNER
RAUL PEREZ BALLAGA
FRANK M. SMITH

1946 TYLER STREET
HOLLYWOOD, FLORIDA 33020-4517

TELEPHONE (954) 925-5501
TELEFAX (954) 920-2711
WWW.ATKINSON-DINER.COM

EDWARD HEILBRONNER
1938 - 2000

* BOARD CERTIFIED IN REAL ESTATE

January 30, 2002

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

800004854318--7
-02/01/02--01080--002
***1837.50 ***1837.50

Re: Strok Family Limited Partnership

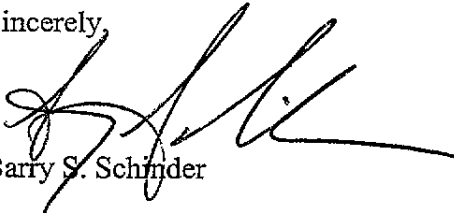
To Whom It May Concern:

A02-86

Enclosed are an original and one copy of Certificate of Limited Partnership and Affidavit of Capital Contribution for the Strok Family Limited Partnership, and a check for \$1,837.50 to cover the filing fee, registered agent designation fee and the certified copy fee. Please send to me a certified copy of the filed Certificate of Limited Partnership.

If you have any questions, please do not hesitate to call me.

Sincerely,


Barry S. Schinder

BSS:cc
Enclosures

W 2/8
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 FEB - 1 PM 3:30

JP

**CERTIFICATE OF LIMITED PARTNERSHIP
OF
THE STROK FAMILY LIMITED PARTNERSHIP**

The undersigned general partners, desiring to form a limited partnership pursuant to the laws of the State of Florida, certify as follows:

1. **Name of Limited Partnership.** The name of the limited partnership is THE STROK FAMILY LIMITED PARTNERSHIP.
2. **Office for Maintenance of Business Records.** The address of the office at which the records of the limited partnership will be kept is 1051 Hillsboro Mile, Apt. 906E Hillsboro Beach, FL 33062.
3. **Agent for Service of Process.** The name and address of the partnership's agent for service of process in Florida is Wilson C. Atkinson, III, Esq., c/o Atkinson, Diner, Stone, Makuta & Ploucha, P.A., 1946 Tyler Street, Hollywood, Florida 33020.
4. **General Partners.** The name and business address of each General Partner in the Limited Partnership are as follows:

<u>Name</u>	<u>Address</u>
Strok Management, Inc. P02-567	1051 Hillsboro Mile, Apt. 906E Hillsboro Beach, FL 33062

5. **Mailing Address of Partnership.** The mailing address of the limited partnership is 1051 Hillsboro Mile, Apt. 906E, Hillsboro Beach, FL 33062.
6. **Latest Date of Dissolution.** The latest date on which the limited partnership is to dissolve is December 31, 2050.

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 FEB - 1 PM 3:30

Dated as of this 23 day of JANUARY, 2002.

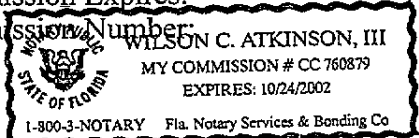
GENERAL PARTNER

STROK MANAGEMENT, INC.

By: Elizabeth J. Strok
President

STATE OF FLORIDA)
) SS:
COUNTY OF BROWARD)

The foregoing instrument was acknowledged before me this 23 day of JANUARY, 2002, by Elizabeth J. Strok, as President of Strok Management, Inc., the General Partner of The Strok Family Limited Partnership, a Florida limited partnership, who ☐ is personally known to me or who ☐ has produced a driver license as identification.

Wilson C. Atkinson, III
Notary Public, State of Florida
My Commission Expires:
My Commission Number: WILSON C. ATKINSON, III

1-800-3-NOTARY Fla. Notary Services & Bonding Co

(Printed, typed or stamped commissioned name of Notary Public)

The undersigned hereby accepts the foregoing designation as agent for service of process and agrees to comply with the provisions of law applicable to such designation.

Wilson C. Atkinson, III
WILSON C. ATKINSON, III

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 FEB - 1 PM 3:30

AFFIDAVIT OF CAPITAL CONTRIBUTION

The undersigned, constituting all of the General Partners of the STROK FAMILY LIMITED PARTNERSHIP, declare that the capital contributions of all the Limited Partners in the partnership are as follows:

1. The Limited Partners have made capital contributions in the following amounts:

<u>Name</u>	<u>Amount of Contribution</u>
Elizabeth J. Strok	\$2,000,000
Andrew F. Strok	\$100
Linda J. Stickney	\$100
Gary J. Strok	\$100

2. The total amount contributed and anticipated to be contributed by the Limited Partners at this time totals \$2,000,300.

Signed this 23 day of JANUARY, 2007

Further Affiants sayeth not.

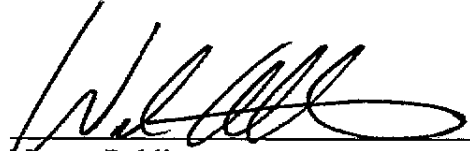
Under penalties of perjury, we declare that we have read the foregoing and know the contents thereof, and that the facts stated herein are true and correct.

Elizabeth J. Strok
ELIZABETH J. STROK

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2 FEB - 1 3:30

STATE OF FLORIDA)
) SS:
COUNTY OF BROWARD)

The foregoing instrument was acknowledged before me this 23 day of JANUARY, 2002, by Elizabeth J. Strok, as President of Strok Management, Inc. a Florida corporation, the General Partner of the Strok Family Limited Partnership, a Florida limited partnership, who ☒ is personally known to me or who ☐ has produced a driver license as identification.

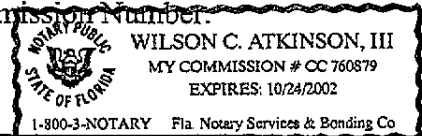


Notary Public

State of Florida

My Commission Expires:

My Commission Number:



(Printed, typed or stamped commissioned
name of Notary Public)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 FEB - 1 PM 3:30