

A02000000320

1001 N Ocean Blvd, P 304B
Boca Raton, FL 33433
Tel: 561-368-7223
Fax: 561-368-6368

Feb 19, 2002

Re Clear Limited Partnership

Dear Sirs

Please stamp second copy &
return in the enclosed envelope

Thank you.

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-02/21/02--01020--001
*****87.50 *****87.50

Cordially
Arnold H. Kagan

A02-320
AK



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

February 26, 2002

ARNOLD HAGAR
4001 N. OCEAN BLVD., PH 4B
BOCA RATON, FL 33431

SUBJECT: ALAR LIMITED PARTNERSHIP
Ref. Number: W02000005495

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 MAR -7 AM 9:57

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We have received your document for ALAR LIMITED PARTNERSHIP and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain both the street address of the principal office and the mailing address of the entity.

Section 620.108, Florida Statutes, requires the affidavit include the amount of capital contributions of the limited partners and the amount anticipated to be contributed.

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) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 802A00011819

CERTIFICATE OF FORMATION OF LIMITED PARTNERSHIP

ALAR ASSOCIATES LTD.

KNOW ALL MEN BY THESE PRESENTS THAT WE, whose names are hereunto subscribed have formed a limited partnership in this State, pursuant to the Act of the Legislature

AQUA CORP., ARISTO ASSOCIATES,
ALVIN KATZ, MDPC RETIREMENT TRUST
on the terms and conditions hereinafter set forth, to

(1) The name of this limited partnership is

ALAR ASSOCIATES LTD.

(2) The character of the business to be carried on by said partnership is any legal business allowed by the State of Florida.

(3) The location of the principal place of business of the partnership is PH4B, 4001 N. Ocean Blvd., Boca Raton, Florida 33431
THIS IS ALSO THE MAILING ADDRESS.

(4) The name and place of residence of each partner are as follows:

GENERAL PARTNER

RESIDENCE

AQUA CORP.

PH4B
4001 N. Ocean Blvd.
Boca Raton, FL 33431

LIMITED PARTNERS

ARISTO ASSOCIATES LTD.

4001 N. Ocean Blvd.-PH4B
Boca Raton, FL 33431

ALVIN KATZ MDPC RETIREMENT TRUST

45 E. 72nd St.
New York, N. Y. 10021

(5) The Partnership shall exist for a term which shall begin on the signing of this Certificate of Limited Partnership and shall be terminated on December 31, 2050 , unless sooner terminated in accordance with the terms of the Limited Partnership Agreement.

AFFIDAVIT

The amount of capital to be initially contributed by the Limited Partners is as follows:

<u>PARTNER</u>	<u>INITIAL CONTRIBUTIONS</u>	<u>FUTURE ANTICIPATED CONTRIBUTIONS</u>
ARISTO ASSOCIATES	\$ 1000.00	None
ALVIN KATZ MDPC RETIREMENT TRUST	\$ 1000.00	None
AQUA CORP.	\$ 10.00	None

(6) The rights of the Limited Partners to make additional contributions to capital are set forth in the Limited Partnership Agreement.

(7) The capital contributions of each Limited Partner are to be returned on the terms set forth in the Limited Partnership Agreement. The share of the profits which each Limited Partner shall receive by reason of his contribution is as follows:

<u>LIMITED PARTNERS</u>	<u>PERCENTAGE</u>
ARISTO ASSOCIATES LTD.	49.50%
ALVIN KATZ MDPC RETIREMENT TRUST	49.50%
AQUA CORP.	1.00%

(8) The Limited Partners have the right to substitute an assignee as contributor in his place on the terms set forth in the Limited Partnership Agreement.

(9) The Partners can admit additional Limited Partners to the Partnership. The Limited Partners have no right of priority over one another as to contributions or as to compensation by way of income.

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TALLAHASSEE, FLORIDA

(10) The rights of the Partners to continue the business of the Partnership upon the death, retirement or insanity of the General Partner are specifically set forth in the Limited Partnership Agreement.

(11) The Limited Partners have no right to demand or receive property other than cash in return for their contributions.

Dated February 19, 2002

ATTEST:

GENERAL PARTNER

AQUA CORP.

By:

Arnold H. Kagan

V.P.

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CLERK OF STATE
TALLAHASSEE, FLORIDA

WITNESS:

LIMITED PARTNERS

Alvin Katz
ALVIN KATZ MDPC RETIREMENT TRUST

ARISTO ASSOCIATES

Arnold H. Kagan
V.P. & Gen. Part.

In Witness Whereof, the parties hereunto set their hands and seals above as of the 19th of February, 2002
Sworn to and subscribed to me this 19th day of February, 2002

Selma Hoffman
Notary Public State of Florida

The name and address of the Registered Agent and Registered Office in Florida of the Limited Partnership is Arnold H. Kagan, at PH4B 4001 N. Ocean Blvd. Boca Raton, FL 33431
I hereby accept the appointment of registered agent I am familiar with, and accept the obligations of Sect. 607.325 F.S.

My Commission Expires:



Selma Hoffman
Commission # CC 815446
Expires Apr. 23, 2003
Bonded Thru
Atlantic Bonding Co., Inc.

Arnold H. Kagan
Arnold H. Kagan

Beatrice Kagan
Witness

AFFIDAVIT

BE IT ACKNOWLEDGED, that ARNOLD H. KAGAN

of

the undersigned

deponent, being of legal age, does hereby depose and say under oath as follows: The amount of Capital to be initially contributed by partners of ALAR ASSOCIATES LTD.

IS	PARTNER	INITIAL CONTRIBUTIONS	FUTURE ANTICIPATED CONTRIBUTIONS
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ARISTO ASSOCIATES		\$1000.00	None
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ALVIN KATZ MDPC-RETIREMENT			
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AQUA CORP TRUST		\$1000.00	None
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And I affirm that the foregoing is true except as to statements made upon information and

belief, and as to those I believe them to be true.

Witness my hand under the penalties of perjury this 4th day of March, 19XX . 2002.

Registered Agent

ARNOLD H. KAGAN

Name Arnold H. Kagan

Address 4001 N. Ocean Blvd. PH

Boca Raton, FL 33431

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 MAR - 7 AM 9:57

FILED

STATE OF Florida }
COUNTY OF Palm Beach }

On March 4, 2002 before me, Arnold H. Kagan, personally appeared, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. WITNESS my hand and official seal.

Signature

Selma Hoffman



Selma Hoffman
Commission # CG 815446
Expires Apr. 23, 2003
Bonded Thru

Affiant ☒ Known ☐ Unknown

ID Produced _____ (Seal)