

The Law Office

of
Norman S. Moss, P.A.

Norman S. Moss, J. D. Attorney
Barbara Williams, J. D. Law Clerk
Thaija Morrison, Law Intern

P.O. Box 593436
4781 S. Orange Avenue
Orlando, FL 32859-3436

(407)888-3332
Facsimile (407)888-9332
Toll Free 1-877-330-6991
E-mail: normesq@nsmpalaw.com

MAILED 15, 2002

600005638006--0
-05/29/02--01051--016
*****25.00 *****25.00

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

Re: The Steven B. Arkin and Susan M. Arkin Limited Liability Partnership

Gentlemen:

Enclosed herewith are the original and one copy of the Certificate of Limited Partnership and Affidavit of Capital Contributions for Florida Limited Partnership, check number 1388 in the amount of \$25.00, and a copy of the letter that we received from you, dated May 9, 2002.

Thanking you in advance for your anticipated cooperation in this matter.

Sincerely,
The Law Office of Norman S. Moss, P.A.

By: 

Thaija Morrison, Law Intern

tm

Enclosure

FILED
2002 MAY 31 PM 4:17
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

J. BRYAN JUN - 6 2002

**STATEMENT OF QUALIFICATION FOR
FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP**

1. The name of the limited partnership as identified in the records of the Florida Department of State:
The Steven B. Arkin and Susan M. Arkin, L.L.L.P.

Insert limited partnership's Florida document number: A02000000800
or

Attach certificate of limited partnership, affidavit of capital contributions and applicable limited partnership filing fees.

2. Suffix adopted for the above named partnership: L.L.L.P.
(LLLP, L.L.L.P.)

3. The street address of its chief executive office: _____
(if different from current recorded address): _____

4. The street address of principal office in Florida: _____
(if different from above) _____

5. The limited partnership hereby elects to be a limited liability limited partnership.

6. The effective date of this filing shall be:

X as of the date this document is filed with the Florida Secretary of State

or

_____ a date later than the time of filing: _____

7. The name and Florida street address of the partnership's agent for service of process:

Steven B. Arkin, 240 Anastasia Drive, Pompano

Florida 34759

The execution of this statement as a partner constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

Signed this 18th day of April

2002

Signature of TWO Partners:

Steven B. Arkin

Susan M. Arkin

Typed or printed names of partners signing above:

Steven B. Arkin

Susan M. Arkin

Filing Fee: \$25.00

Certified Copy (optional): \$52.50

Certificate of Status (optional): \$8.75

FILED
2002 MAY 31 PM 4:17
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA