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To:
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Fax Number : (850)205-0383

From:
Account Name : KRAMER, GREEN, ZUCKERMAN & KAHN
Account Number : 073707002173
Phone : (954)966-2112
Fax Number : (954)981-1605

FLORIDA LIMITED PARTNERSHIP

BOLINA MANAGEMENT. LTD.

8/8 LBT

8/6/2002

(((H02000177110 2)))

Certificate of Status	0
Certified Copy	1
Page Count	04
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FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State

August 7, 2002

KRAMER GREEN ZUCKERMAN & KAHN

,

SUBJECT: BOLINA MANAGEMENT. LTD.
REF: W02000022735

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CERTIFICATE OF LIMITED PARTNERSHIP

Pursuant to Section 620.108 of the Florida Statutes, the following statement is made:

1. The name of the Limited Partnership is BOLINA MANAGEMENT, LTD.

2. The address of the office and the name and address of the agent for service of process required to be maintained by Section 620.105 of the Florida Statutes is:

Robert M. Kramer
KRAMER, GREEN, ZUCKERMAN & GREENE, P.A.
4000 Hollywood Blvd., Suite 485 So.
Hollywood, Florida 33021

3. The name and business address of each General Partner is:

Jhonny Salomon
c/o Jhonny Salomon, M.D., P.A.
9055 SW 87th Avenue
Suite 305
Miami, FL 33176

4. The mailing address and street address for the Limited Partnership is :

c/o Jhonny Salomon, M.D., P.A.
9055 SW 87th Avenue
Suite 305
Miami, FL 33176

5. The latest date upon which the Limited Partnership is to dissolve is December 31, 2038.

JHONNY SALOMON

(((H02000177110 2)))

STATE OF FLORIDA }
}
COUNTY OF MIAMI-DADE }

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid to take acknowledgments, personally appeared JHONNY SALOMON, General Partner of BOLINA MANAGEMENT, LTD., to me known to be the persons described in and who executed the foregoing Certificate of Limited Partnership and they acknowledged before me that they executed the same. They are personally known to me and they took an oath.

WITNESS my hand and official seal in the County and State last aforesaid this 23rd day of July, 2002.

NOTARY PUBLIC

(seal)

DAWN R. BUDAY
MY COMMISSION # DD 102532
EXPIRES: May 27, 2006

K:\BOB\SALOMON\BOLINA\CERTIF.LPS

LIMITED PARTNERSHIP AFFIDAVIT

STATE OF FLORIDA }
}
COUNTY OF MIAMI-DADE }

Pursuant to Section 620.108 of the Florida Statutes, the following statement is made:

1. The undersigned are the sole General Partners of BOLINA MANAGEMENT, LTD.

2. The amount of the original capital contributions of the Limited Partners is $990.00. The additional amount anticipated to be contributed by the Limited Partners is $0.

FURTHER AFFIANT SAYETH NAUGHT.

JHONNY SALOMON

STATE OF FLORIDA }
}
COUNTY OF MIAMI-DADE }

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid to take acknowledgments, personally appeared JHONNY SALOMON, General Partner, of BOLINA MANAGEMENT, LTD., to me known to be the persons described in and who executed the foregoing Limited Partnership Affidavit and he acknowledged before me that he executed the same. He is personally known to me or who did produce _____ as identification and he did take an oath.

WITNESS my hand and official seal in the County and State last aforesaid this 23rd day of July, 2002.

DAWN R. BUSBY
MY COMMISSION # DD 102592
EXPIRES: May 27, 2006
Bonded Thru Budget Notary Services

NOTARY PUBLIC

(seal)

K:\BOB\SALOMON\BOLINA\AFFID.LPS

ACKNOWLEDGMENT OF APPOINTMENT OF REGISTERED AGENT

BOLINA MANAGEMENT, LTD.

The undersigned, having been named the Registered Agent for the above Limited Partnership at 4000 Hollywood Boulevard, Suite 485 South, Hollywood, Florida 33021, the undersigned hereby accepts the same and agrees to act in this capacity and agrees to comply with the provisions of Florida law relative to keeping the registered office open.

Dated: August 6, 2002.

REGISTERED AGENT:

ROBERT M. KRAMER

K:\BOB\SALOMON\BOLINA\REGAGENT.ACK