Florida Department of State

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To:

Division of Corporations

Fax Number

: (850)205 -0383

From:

Account Name

: KRAMER, GREEN, ZUC KERMAN & KAHN, P.A.

Account Number : 073707002173 Phone

: (954)966 -2112

Fax Number : (954)981 -1605

FLORIDA LIMITED PARTNERSHIP

OTL-HNSC MANAGEMENT, LTD.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$140.00

STVISION OF COKPURATION

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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 OTL-HNSC 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 & BUCHSBAUM, P.A. 4000 Hollywood Blvd., Suite 485 South Hollywood, Florida 33021

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

MARTIN A. SHUGAR 3850 Hollywood Boulevard Suite 401 Hollywood, FL 33021

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

c/o Martin A. Shugar 3850 Hollywood Boulevard Suite 401 Hollywood, FL 33021

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

O2 AUG 29 PM 3: 00
SECRETARY OF STATE
AND SEFF. FLORIDA

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STATE OF FLORIDA

COUNTY OF BROWARD

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 MARTIN A. SHUGAR, General Partner of OTL-HNSC MANAGEMENT, LTD., to me known to be the person described in and who executed the foregoing Certificate of Limited Partnership and he acknowledged before me that he executed the same. He is personally known to me or produced ______ as identification and he took an oath.

WITNESS my hand and official seal in the County and State last aforesaid this 28 day

NOIA

(seal)



02 AUG 29 PM 3: 00 SECRETARY OF STATE FALL AHASSEE, FLORIDA

K:\BOB\SHUGAR\OTL-HNS\CERTIF.LPS

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LIMITED PARTNERSHIP AFFIDAVIT

STATE OF FLORIDA }		
COUNTY OF BROWARD		
Pursuant to Section 620.108 of the Florida Statutes, the foll	owing statement is made:	
 The undersigned is the sole General Partner of OTL 	-HNSC MANAGEMENT, LTD.	
2. The amount of the original capital contributions of the additional amount anticipated to be contributed by the L	ne Limited Partners is \$990,00. imited Partners is \$0.	
FURTHER AFFIANT SAYETH NAUGHT. MARTIN A. SHUG	OZ NUG Z9 TI SEURE IARYU IALLAHASSEE	
STATE OF FLORIDA } COUNTY OF BROWARD }	FSTATE	
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 MARTIN A. SHUGAR, General Partner, of OTL-HNSC 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		
DANYIN R. BUDAY MY COMMISSION # 90 102532 DOTARY PUBLIC	iday	

(seal)

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ACKNOWLEDGMENT OF APPOINTMENT OF REGISTERED AGENT

OTL-HNSC 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: Nous 28 _____ 200

GISTERED AGENT:

ROBERT M. KRAMER

K:\BOB\SHUGAR\OTL-HN5\REGAGENT.ACK

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TOTAL P.05