

MAY. 5. 2003 3:31PM  
Division of Corporations

JONES FOSTER JOHNSTON & STUBBS

NO. 972

P. 1  
35-1-82

**A030000000688**

Florida Department of State  
Division of Corporations  
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To:

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Fax Number : (850) 205-0383

From:

Account Name : JONES, FOSTER, JOHNSTON & STUBBS, P.A.  
Account Number : 076077003231  
Phone : (561) 650-0471  
Fax Number : (561) 650-0431

**FLORIDA LIMITED PARTNERSHIP**

**SANDALL HALE FAMILY PARTNERSHIP, LTD.**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$1,837.50

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**CERTIFICATE OF LIMITED PARTNERSHIP  
OF  
SANDALL HALE FAMILY PARTNERSHIP, LTD.**

As a Certificate of Limited Partnership pursuant to F.S. § 620.108, the undersigned certifies:

1. The name of this limited partnership is SANDALL HALE FAMILY PARTNERSHIP, LTD.

2. The address of the principal office and the name and address of the agent for service of process are:

Principal Office Address:

5200 North Flagler Drive, Apartment 1501  
West Palm Beach, FL 33407

Registered Agent's Name and Address:

DAVID E. BOWERS, ESQ.  
505 South Flagler Drive, Suite 1100  
West Palm Beach, FL 33401

The name and address of the General Partner is:

SANDHALE, INC. *PO3000006064*  
5200 North Flagler Drive, Apartment 1501  
West Palm Beach, FL 33407

3. The mailing address for the limited partnership is:

5200 North Flagler Drive, Apartment 1501  
West Palm Beach, FL 33407

4. If not dissolved sooner by unanimous vote of the General Partner, this limited partnership shall dissolve December 31, 2052.

WHEREFORE, the undersigned has executed this Certificate as General Partner of the SANDALL HALE FAMILY PARTNERSHIP, LTD. as of the date set forth below.

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WITNESSES

GENERAL PARTNER

SANDHALE, INC.

  
EDWARD SANDALL, President

STATE OF FLORIDA  
COUNTY OF PALM BEACH

Subscribed and sworn to before me on behalf of SANDHALE, INC., by EDWARD SANDALL, its president, on the 23 day of January, 2003, who personally appeared before me. EDWARD SANDALL is personally known to me or has produced \_\_\_\_\_ as identification.

(SEAL)





Notary Public \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

My Commission number is: \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**CERTIFICATE DESIGNATING PLACE OF  
BUSINESS OR DOMICILE FOR THE SERVICE  
OF PROCESS WITHIN THIS STATE, NAMING  
AGENT UPON WHOM PROCESS MAY BE SERVED**

In pursuance of Chapter 48.091, Florida Statutes, the following is submitted in compliance with said Act:

That SANDALL HALE FAMILY PARTNERSHIP, LTD. desiring to organize under the laws of the State of Florida, has named DAVID E. BOWERS, ESQ., located at the Registered Office of the corporation at 505 South Flagler Drive, Suite 1100, West Palm Beach, Florida 33401, as its Registered Agent to accept service of process within this state.

**ACKNOWLEDGMENT:**

Having been named to accept service of process for the above stated limited partnership at the place designated in this Certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.



DAVID E. BOWERS, ESQ.,  
Registered Agent

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ALL AMESSE-FL 1006

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### AFFIDAVIT OF CAPITAL CONTRIBUTIONS

The undersigned constituting all of the general partners of SANDALL HALE FAMILY PARTNERSHIP, LTD., a Florida limited partnership, certify:


The amount of capital contributions to date of the limited partners is \$ 50,000.00.

The total amount contributed and anticipated to be contributed by the limited partners at this time is \$ 250,000.00.

FURTHER AFFIANT SAYETH NOT.

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


SANDHALE, INC.

  
EDWARD SANDALL, President

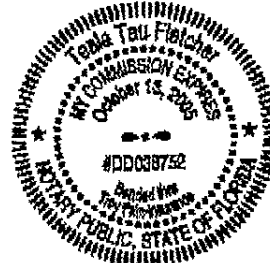
STATE OF FLORIDA  
COUNTY OF PALM BEACH

Subscribed and sworn to before me on behalf of SANDHALE, INC., by EDWARD SANDALL, its president, on the 23 day of January, 2003, who personally appeared before me. EDWARD SANDALL is personally known to me or has produced \_\_\_\_\_ as identification.

(SEAL)

  
Notary Public \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_  
My Commission number is: \_\_\_\_\_

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SECRETARY OF STATE  
HALL AND ASSOCIATES, P.A.  
FILED