

A03 000000803

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

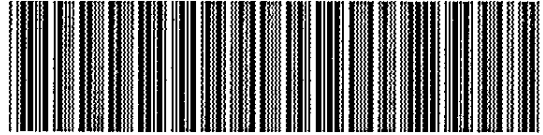
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900019164459

RECEIVED
03 MAY 27 PM 2:36
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
03 MAY 27 AM 10:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A03-803
OK



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 107532 11758A

AUTHORIZATION :

Patricia Pizits

COST LIMIT : \$ 105.00

140.00

ORDER DATE : May 27, 2003

ORDER TIME : 1:50 PM

ORDER NO. : 107532-005

CUSTOMER NO: 11758A

CUSTOMER: Jeffrey S. Wachs, Esq
Doumar Allsworth Cross
Laystrom Perloff Voigt Wachs M
1177 Southeast Third Avenue

Fort Lauderdale, FL 33316

DOMESTIC FILING

NAME: THE MARTINEZ-MAZZA FAMILY
REAL ESTATE LIMITED
PARTNERSHIP

EFFECTIVE DATE:

- ARTICLES OF INCORPORATION
- CERTIFICATE OF LIMITED PARTNERSHIP
- ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan - EXT. 1155

EXAMINER'S INITIALS: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 MAY 27 AM 10:03

FILED

CERTIFICATE OF LIMITED PARTNERSHIP

OF

THE MARTINEZ-MAZZA FAMILY REAL ESTATE LIMITED PARTNERSHIP

THE UNDERSIGNED, constituting the General Partner of THE MARTINEZ-MAZZA FAMILY REAL ESTATE LIMITED PARTNERSHIP, a Florida Limited partnership, hereby files its Certificate of Limited Partnership in accordance with Chapter 620, Florida Statutes, as follows:

1. Name of the Partnership: THE MARTINEZ-MAZZA FAMILY REAL ESTATE LIMITED PARTNERSHIP
2. The address of the office of the Partnership is.
8835 S.W. 111th Terrace
Miami, FL 33176
3. Name and addresses of the agent for the service of process on the Partnership is.
JEFFREY S. WACHS, Esq.
1177 S.E. 3rd Avenue, #333
Fort Lauderdale, FL 33304
4. Name and business address of the General Partner is.
Armando M. Martinez and
Tania A. Mazza-Martinez
8835 S.W. 111th Terrace
Miami, FL 33176
5. Mailing address of the Partnership is.
THE MARTINEZ-MAZZA FAMILY
REAL ESTATE LIMITED
PARTNERSHIP
c/o Armando M. Martinez and
Tania A. Mazza-Martinez
General Partners
8835 S.W. 111th Terrace
Miami, FL 33176

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
03 MAY 27 AM 10:03

FILED

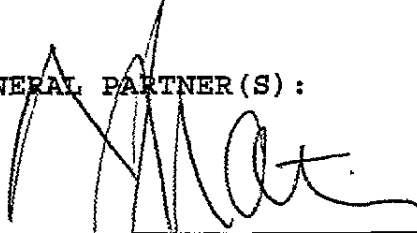
6. Latest date upon which the Partnership will dissolve.

Will be in accordance with Section 620.157
of the Florida Statute, however, no later than
December 31, 2053.

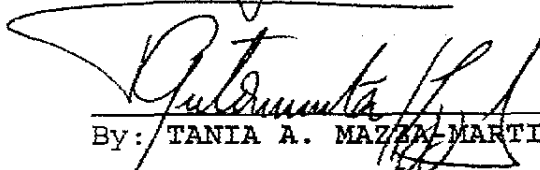
The execution of this Certificate by the undersigned General
Partners constitute an affirmation under penalties of perjury that
the facts stated herein are true.

IN WITNESS WHEREOF, the undersigned have duly executed this
Certificate of Limited Partnership of THE MARTINEZ-MAZZA FAMILY
REAL ESTATE LIMITED PARTNERSHIP, this 16th day PM,
2003.

GENERAL PARTNER(S):



By: ARMANDO M. MARTINEZ



By: TANIA A. MAZZA MARTINEZ

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

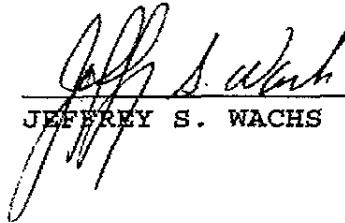
03 MAY 27 AM 10:03

FILED

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been named as Registered Agent for THE MARTINEZ-MAZZA FAMILY REAL ESTATE LIMITED PARTNERSHIP, a Florida limited partnership ("Partnership"), in the foregoing Certificate of Limited Partnership, I, on behalf of the Partnership agree to comply with any and all statutes relative to the complete and proper performance of the duties of a registered agent.

REGISTERED AGENT:



JEFFREY S. WACHS

FILED
03 MAY 27 AM 10:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned authority, personally appeared ARMANDO M. MARTINEZ and TANIA A. MAZZA-MARTINEZ, the General Partners of THE MARTINEZ-MAZZA FAMILY REAL ESTATE LIMITED PARTNERSHIP, a Florida limited partnership, herein referred to as the "Partnership", who, upon being duly sworn, certified as follows:

1. As of the date hereof, the amount of capital contributions to the Partnership made by the Limited Partners is as follows:

\$5,000.00

2. The amount of capital contributions anticipated to be contributed by additional Limited Partners is as follows:

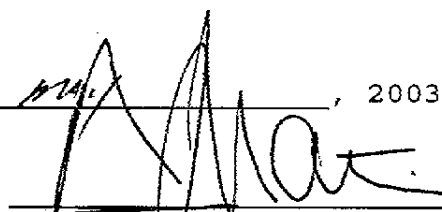
NONE

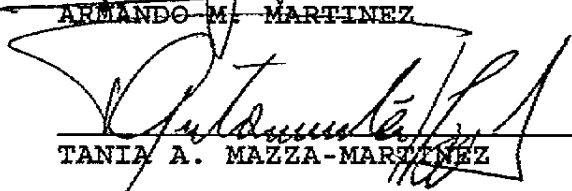
3. Affiant has executed this Affidavit of Capital Contributions as the duly authorized representative of the General Partner of said Partnership.

FURTHER AFFIANT SAYETH NOT.

Under penalties of perjury, we declare that we have read the foregoing and that the facts alleged are true, to the best of our knowledge and belief.

DATED this 16th day of May, 2003.



ARMANDO M. MARTINEZ


TANIA A. MAZZA-MARTINEZ

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
23 MAY 27 AM 10:03
FILED

STATE OF FLORIDA)
SS:
COUNTY OF BROWARD)

SWORN TO AND SUBSCRIBED before me, the undersigned authority,
by ARMANDO M. MARTINEZ, who appeared personally before me and took
an oath, who is personally known to me or who produced _____
as identification, on this
16th day of May, 2003.



Lisa D. Belenson
Commission # DD133915
Expires Aug. 10, 2006
Bonded Thru
Atlantic Bonding Co., Inc.

Lisa D. Belenson
Notary Public, State of Florida
Print Name: Lisa D. Belenson
Commission Number: DD133915
My Commission expires: 8/10/06

STATE OF FLORIDA)
SS:
COUNTY OF BROWARD)

SWORN TO AND SUBSCRIBED before me, the undersigned authority,
by TANIA A. MAZZA-MARTINEZ, who appeared personally before me and
took an oath, who is personally known to me or who produced _____
as identification,
on this 16th day of May, 2003.



Lisa D. Belenson
Commission # DD133915
Expires Aug. 10, 2006
Bonded Thru
Atlantic Bonding Co., Inc.

Lisa D. Belenson
Notary Public, State of Florida
Print Name: Lisa D. Belenson
Commission Number: DD133915
My Commission expires: 8/10/06

03 MAY 27 AM 10:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED