

**A03 000000988**

Florida Department of State  
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WCB 22755/40925

**FLORIDA LIMITED PARTNERSHIP**

Florin Investments, Ltd.

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

**A03-988**  
*OR*

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DIVISION OF CORPORATION

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**CERTIFICATE OF LIMITED PARTNERSHIP  
OF  
FLORIN INVESTMENTS, LTD.**

The undersigned General Partner, desiring to form a limited partnership pursuant to the Florida Revised Uniform Limited Partnership Act, Sections 620.101 through 620.205 of the Florida Statutes, hereby states the following:

1. The name of the Partnership is Florin Investments, Ltd.
2. The address of the office of the Partnership as referred to in Section 620.108, Florida Statutes, is 10000 West Colonial Drive, Suite 288, Ocoee, Florida 34761.
3. The name and address of the agent for service of process on the Partnership is Jorge L. Florin, 10000 West Colonial Drive, Suite 288, Ocoee, Florida 34761.
4. The name and business address of the General Partner are:

Name	Address
Florin Management, LLC	10000 West Colonial Drive Suite 288 Ocoee, Florida 34761
<i>W03-24993</i>	

5. The mailing address for the Partnership is 10000 West Colonial Drive, Suite 288, Ocoee, Florida 34761.
6. The latest date upon which the Partnership shall dissolve is December 31, 2103.

7. A conveyance or encumbrance of real property or any interest therein held in the name of the Partnership, and any other instrument affecting title to real property in which the Partnership has an interest, shall be executed in the Partnership name by the General Partner.

*Under 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.*

FLORIN MANAGEMENT, LLC, General Partner

By: Jorge L. Florin Revocable Trust, dated the 8th day of July, 2003, Member

Date: July 8, 2003

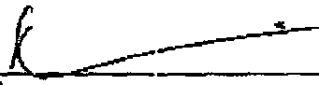
By:   
Jorge L. Florin, as Trustee

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ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been named as registered agent for the above-named Partnership, at the place designated in the foregoing Certificate of Limited Partnership, I hereby accept such appointment and agree to act in such capacity, and I further agree to comply with provisions of all statutes relevant to the proper and complete performance of the duties of a registered agent. I am familiar with, and accept the duties and obligations of, Section 620.192 of the Florida Statutes.

Date: July 8, 2003

  
\_\_\_\_\_  
Jorge L. Florin

07/08/2003  
17:24  
M/D

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STATE OF FLORIDA

COUNTY OF ORANGE

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned, personally appeared JORGE L. FLORIN, as Trustee of the Jorge L. Florin Revocable Trust, dated the 8th day of July, 2003, a Member of FLORIN MANAGEMENT, LLC, the sole General Partner of FLORIN INVESTMENTS, LTD., a Florida limited partnership (the "Partnership"), of Orange County, Florida, who upon being duly sworn, certified as follows:

1. The amount of the capital contributions to the Partnership made by the limited partners is \$ 1,000.00.

2. The amount of additional capital contributions anticipated to be contributed by the limited partners is \$ 5,000,000.00.

FURTHER AFFIANT SAYETH NOT.

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

FLORIN MANAGEMENT, LLC, General Partner

By: Jorge L. Florin Revocable Trust, dated the 8th day of July, 2003, Member

Date: July 8, 2003

By: [Signature]  
Jorge L. Florin, as Trustee

Sworn to and subscribed before me this 8th day of July, 2003, by JORGE L. FLORIN, as Trustee, a Member of FLORIN MANAGEMENT, LLC, the sole General Partner on behalf of FLORIN INVESTMENTS, LTD., a Florida limited partnership. He (check one)  is personally known to me,  produced a driver's license (issued by a state of the United States within the last five (5) years) as identification, or  produced other identification, to wit: \_\_\_\_\_

STEPHEN D. DUNEGAN  
NOTARY PUBLIC - STATE OF FLORIDA  
COMMISSION # DD219422  
EXPIRES 06/03/2007  
BONDED THRU 1-988-NOTARY1

[Signature]  
Print Name: \_\_\_\_\_  
Notary Public - State of Florida  
Commission No.: \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_

(NOTARY'S STAMP OR SEAL)