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RECEIVED
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DIVISION OF CORPORATION

FLORIDA LIMITED PARTNERSHIP
THE FONTICIELLA LIMITED PARTNERSHIP

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TALLAHASSEE FLORIDA

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CERTIFICATE OF LIMITED PARTNERSHIP

- 1. FONTICIELLA LIMITED PARTNERSHIP
(Name of Limited Partnership; must contain a suffix such as "Limited", Ltd., or Limited Partnership")
- 2. 11400 West Flagler Street, Suite 201, Miami, Florida 33174
(Business address of Limited Partnership)
- 3. JOHN S. BOHATCH
(Name of Registered Agent for Service of Process)
- 4. 2600 Douglas Road, Penthouse 8, Coral Gables, FL 33134
(Florida Street address for Registered Agent)
- 5. _____
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)
- 6. 11400 West Flagler Street, Suite 201, Miami, Florida 33174
(Mailing Address of the Limited Partnership)
- 7. The latest date upon which the Limited Partnership is to be dissolved is:
December 31, 2050.
- 8. Name(s) of general partner(s): Street Address:

ARMANDO J. FONTICIELLA 11400 West Flagler Street
 Suite 201, Miami, Florida 33174

Under penalties of perjury I (we) declare that I (we) have read the forgoing and know the contents there of and that the facts stated herein are true and correct.

Signed this 10 day of July, 2003.

Signature of all General Partners:


ARMANDO J. FONTICIELLA

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**AFFIDAVIT OF CAPITAL CONTRIBUTIONS
FOR FLORIDA LIMITED PARTNERSHIP**

The undersigned constituting all of the general partners of THE FONTICIELLA LIMITED PARTNERSHIP, a Florida Limited Partnership, certify:

The amount of capital contributions to date of the limited partners is \$1,000,000.00.

The total amount contributed and anticipated to be contributed by the limited partners at this time totals \$1,000,000.00.

Signed this 10 day of July, 2003.

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 state herein are true and correct.


ARMANDO J. FONTICIELLA, General Partner

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