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2003 JUL 28 PM 4:39

ALABAMA CORPORATION
TALLAHASSEE, FLORIDA

J. BRYAN AUG - 1 2003

July 10, 2003

Division of Corporations
Department of State
P.O. Box 6327
Tallahassee, Florida 32314

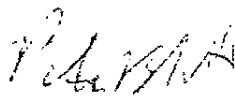
Re: MARK AND CAROL A. ADELMAN, INC.
MARK AND CAROL A. ADELMAN FAMILY LIMITED PARTNERSHIP

To Whom It May Concern:

Enclosed is the original of the Articles of Organization of the captioned proposed Corporation. Please file the original. Also enclosed is the original of the Certificate of Limited Partnership of the captioned proposed limited partnership. Please file the original. A check in the amount of \$1855.00 is enclosed to cover the \$1,750.00 partnership filing fee, the \$35.00 Registered Agent fee, the \$35.00 registered agent designation (for the corporation) and the \$35.00 filing fee for the corporation.

Please note that both of the captioned entities are owned by the same persons and consent is given to the use of similar entity names.

Sincerely,


Peter Blatt, Esq.

Enclosures

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**CERTIFICATE OF LIMITED PARTNERSHIP
OF
MARK AND CAROL A. ADELMAN FAMILY LIMITED PARTNERSHIP**

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

1. The name of this limited partnership is MARK AND CAROL A. ADELMAN FAMILY LIMITED PARTNERSHIP.

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

Principal Office Address:

6125 NW 23rd Terrace
Boca Raton, FL 33496

Registered Agent's Name and Address:

PETER A. BLATT, ESQ.
800 Village Square Crossing, Ste 204
Palm Beach Gardens, FL 33410

The name and address of the General Partner is:

MARK AND CAROL A. ADELMAN, INC. #P03000083864
6125 NW 23rd Terrace
Boca Raton, FL 33496

3. The mailing address for the limited partnership is:

6125 NW 23rd Terrace
Boca Raton, FL 33496

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 MARK AND CAROL A. ADELMAN FAMILY LIMITED PARTNERSHIP as of the date set forth below.

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TALLAHASSEE, FLORIDA

WITNESSES

GENERAL PARTNER

MARK AND CAROL A. ADELMAN, INC.

Mark Adelman
MARK ADELMAN, President

STATE OF FLORIDA
COUNTY OF PALM BEACH

Subscribed and sworn to before me on behalf of MARK AND CAROL A. ADELMAN, INC., by MARK ADELMAN, its president, on the 14th day of July, 2003, who personally appeared before me. MARK ADELMAN is personally known to me or has produced _____ as identification.

(SEAL)

Peter Blatt
Notary Public _____
My Commission Expires: _____
My Commission number is: _____



Peter Blatt
MY COMMISSION # CC883354 EXPIRES
October 27, 2003
BONDED THRU TROY FAIN INSURANCE, INC.

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OFFICE OF CORPORATIONS
TALLAHASSEE, FLORIDA

**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 MARK AND CAROL A. ADELMAN FAMILY LIMITED PARTNERSHIP desiring to organize under the laws of the State of Florida, has named PETER A. BLATT, ESQ., located at the Registered Office of the corporation at 800 Village Square Crossing, Ste 204, Palm Beach Gardens, Florida 33410, 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.



PETER A. BLATT, ESQ.,
Registered Agent

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

The undersigned constituting all of the general partners of MARK AND CAROL A. ADELMAN FAMILY LIMITED PARTNERSHIP, a Florida limited partnership, certify:

The amount of capital contributions to date of the limited partners is \$ 10,00.

The total amount contributed and anticipated to be contributed by the limited partners at this time is \$ 2,660,000.

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.

MARK AND CAROL A. ADELMAN, INC.


MARK ADELMAN, President

STATE OF FLORIDA
COUNTY OF PALM BEACH

Subscribed and sworn to before me on behalf of MARK AND CAROL A. ADELMAN, INC., by MARK ADELMAN, its president, on the 14th day of July, 2003, who personally appeared before me. MARK ADELMAN is personally known to me or has produced _____ as identification.

(SEAL)



Peter Blatt
MY COMMISSION # CC883354 EXPIRES
October 27, 2003
BONDED THRU TROY FAIR INSURANCE, INC.



Notary Public _____
My Commission Expires: _____
My Commission number is: _____

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA