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AUGUST 14, 2003 MODES OFT & OSHOFF Requestar's Numb 1900 BBCQ400 BWL #720 Address OMI FL 33181 City State ZIP Phone (305)895-3404, 03 NO 18 M D 56

CORPORATION(S) NAME

<u>Hanes</u>	ve 1	ape Produ	octs, Ltd.
		•	
	·		
) Profit			
) NonProfit	() Amendment	() Merger
) Foreign	() Dissolution	() Mark
Limited Partnership	() Annual Report	() Other
Reinstatement	() Reservation	() Change of Registered Agent
) Certified Copy	() Photo Copies	() Certificate Under Seal
) Call When Ready	() Call If Problem	() After 4:30
A	() Will Wait	(V) Pick Up	() Mail Out

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Availability	
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Verifier	
Acknowledgment	
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LAW OFFICES

JACOBOWITZ & OSTROFF, P.A.

SUITE 720 11900 BISCAYNE BOULEVARD MIAMI, FLORIDA 33181

> (305) 895-3404 FAX (305) 895-4602

MELVIN J. JACOBOWITZ BOARD CERTIFIED TAX LAWYER (ALSO ADMITTED IN NEW YORK)



JANET J. ÖSTROFF (ALSO ADMITTED IN ARIZONA)

August 15, 2003

VIA COURIER

Attn: Registration Florida Department of State Divisions of Corporations 409 E. Gaines Street Tallahassee, FL 32399—

> RE: Adhesive Tape Products, Ltd.

Gentlemen:

I enclose the following:

- 1. Certificate of Limited Partnership;
- 2. Affidavit of Capital Contributions; and
- Check No.3673, payable to "Department of State", in the amount of \$1,785.00 3. covering filing fee (\$1,750) and Registered Agent's fee (\$35).

Please return confirmation of the filed Certificate of Limited Partnership in the stamped, selfaddressed envelope enclosed for your convenience. Do not hesitate to contact me directly if additional information is needed to complete this filing. Thank you for your assistance.

Sincerely,

JACOBOWITZ & OSTROFF, P.A.

Deborah Buckridge

Legal Assistant

ATP.020 Enclosures

CERTIFICATE OF LIMITED PARTNERSHIP

OF

Adhesive Tape Products, Ltd.

- 1. The name of the Limited Partnership is Adhesive Tape Products, Ltd.
- 2. The business and mailing address of the Limited Partnership is: 10301 N.W. 108 Avenue, Suite 6, Miami, FL 33178.
- 3. The name and address of the registered agent of the Limited Partnership is: Melvin J. Jacobowitz, 11900 Biscayne Boulevard, Suite 720, Miami, Florida 33181.
 - 5. The latest date upon which the Limited Partnership is be dissolved is August 1, 2053.
- 6. The names and business address of the general partners are: CH, Inc., SESC, Inc., and ET & G, Inc., Florida Corporations, 10301 N.W. 108 Avenue, Suite 6, Miami, FL 33178.

Dated: August 14, 2003.

CH, Inc., Managing General Partner

By: Cindy Here President

By: Cindy Here President

By: Christiansen, President

ET & G, Inc., Class A General Partner

By: Class A General Partner

By: Christiansen, President

ET & G, Inc., Class A General Partner

I hereby accept the designation as Registered Agent for Service of Process for Adhesive Tape Products, Ltd.

MELVIN J. JACOBOWITZ, Registered Agen



AFFIDAVIT OF CAPITAL CONTRIBUTIONS

The undersigned, constituting the general partners of ADHESIVE TAPE PRODUCTS, LTD., a Florida Limited Partnership, certify:

The amount of capital contributions to date of the limited partner is \$100.

The total amount contributed and anticipated to be contributed by the limited partner at this time totals \$2,400,000.

FURTHER AFFIANT SAYETH NOT.

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.

Dated: August 14, 2003.	
	CH, Inc., Managing General Partner By: Cindy Herry, President
	SESC, Inc., Wanaging General Partner By: Edward & Christiansen, President
	ET & G, Inc. Class of General Partner By: Cindy Nert, Vice President
STATE OF FLORIDA)	, <u> </u>
)SS: COUNTY OF <u>Mioni Dale</u>)	

SWORN TO AND SUBSCRIBED before me this day of August, 2003, by CINDY HERTZ in her capacities as President of CH, Inc., a Florida Corporation and Vice President of ET & G, Inc., a Florida Corporation, and EDWARD CHRISTIANSEN, in his capacity as President of SESC, Inc., a Florida Corporation who are either (check one): \checkmark personally known to me, or ___ are not personally known to me and produced ____ as identification, and who executed the foregoing Affidavit.

NAME

NOTARY PUBLIC, State of Florida

COMMISSION NO:

COMMISSION EXPIRES: