

A04000000379

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

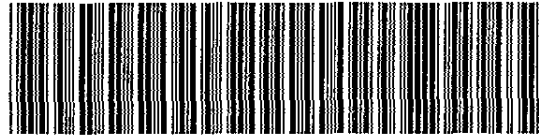
(Business Entity Name)

(Document Number)

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FILED  
04 MAR -9 AM 8:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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04 MAR -9 PM 2:48  
DEPT. OF REVENUE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

*BR*



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 484016 4133D

AUTHORIZATION : *Patricia Pijoto*

COST LIMIT : \$ 148.75

04 MAR -9 AM 8:42  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ORDER DATE : March 9, 2004

ORDER TIME : 1:34 PM

ORDER NO. : 484016-015

CUSTOMER NO: 4133D

CUSTOMER: Louise J. Allen  
Stearns Weaver Miller  
Weissler Alhadeff & Sitterson,  
Suite 1900  
200 East Broward Boulevard  
Ft. Lauderdale, FL 33301

DOMESTIC FILING

NAME: RELIANCE-ANDREWS ASSOCIATES,  
LTD.

\*\*\*\*\* FILE SECOND \*\*\*\*\*

XX CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Heather Chapman - EXT. 2908

EXAMINER'S INITIALS: \_\_\_\_\_

**CERTIFICATE OF LIMITED PARTNERSHIP**  
**OF**  
**RELiance-ANDREWS ASSOCIATES, LTD.**

04 MAR -9  
FILED  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Pursuant to Section 620.108 of the Florida Revised Uniform Limited Partnership Act, the undersigned, being the sole General Partner of Reliance-Andrews Associates, LLC, a Florida limited partnership (the "Partnership"), does hereby execute and submit for filing with the Department of State, State of Florida, this Certificate of Limited Partnership, to read as follows:

1. The name of the Limited Partnership is:  
Reliance-Andrews Associates, Ltd.
  
2. The office and principal place of business for the Partnership currently is:  
516 Northeast 13th Street  
Fort Lauderdale, Florida 33304
  
3. The name and address of the agent for service of process on the Partnership is:  
Robert O. Jackson  
Reliance Housing Foundation, Inc.  
516 Northeast 13th Street  
Fort Lauderdale, Florida 33304
  
4. The name and address of the sole General Partner of the Partnership is:  
Reliance-Andrews, LLC  
516 Northeast 13th Street  
Fort Lauderdale, Florida 33304
  
5. The mailing address of the Partnership is:  
c/o Reliance Housing Foundation, Inc.  
516 Northeast 13th Street  
Fort Lauderdale, Florida 33304
  
6. The latest date upon which the Partnership shall dissolve is December 31,

L04000018379

IN WITNESS WHEREOF, the undersigned has signed this Certificate of Limited Partnership as sole General Partner pursuant to the provisions of Section 620.114 of the Florida Revised Uniform Limited Partnership Act.

DATED: March 5, 2004

RELIANCE-ANDREWS, LLC,  
a Florida limited liability company

By:   
ROBERT O. JACKSON, Manager

**ACCEPTANCE OF APPOINTMENT OF REGISTERED AGENT**

Robert O. Jackson hereby accepts his/her/its appointment as registered agent for Reliance-Andrews Associates, Ltd., a Florida limited partnership and states that he is familiar with and accepts the obligations provided for in Florida Statutes Section 607.0501.

DATED: March 5, 2004

  
ROBERT O. JACKSON, Registered Agent


**AFFIDAVIT OF CAPITAL CONTRIBUTIONS**

STATE OF FLORIDA        )  
                                  ) SS:  
COUNTY OF BROWARD    )

BEFORE ME, the undersigned authority, personally appeared ROBERT O. JACKSON, as Manager of RELIANCE-ANDREWS, LLC, a Florida limited liability company, as sole General Partner of RELIANCE-ANDREWS ASSOCIATES, LTD., a Florida limited partnership (the "Partnership"), who states as follows:

1. The aggregate capital contributions made by the Limited Partners of the Partnership to the Partnership is \$1,000.00.
  
2. It is anticipated that the Limited Partners will not make additional contributions to the capital of the Partnership.

RELIANCE-ANDREWS, LLC,  
a Florida limited liability company

By:   
ROBERT O. JACKSON, Manager

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of March, 2004, by ROBERT O. JACKSON, as Manager of RELIANCE-ANDREWS, LLC, a Florida limited liability company, as sole General Partner of RELIANCE-ANDREWS ASSOCIATES, LTD., a Florida limited partnership (the "Partnership"), who is personally known to me or who has produced a driver's license as identification and who did (did not) take an oath.

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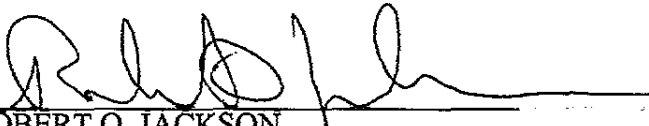
Print or Stamp Name:  
Notary Public, State of Florida at Large  
Commission No.:  
My Commission Expires:

**AFFIDAVIT OF CAPITAL CONTRIBUTIONS**

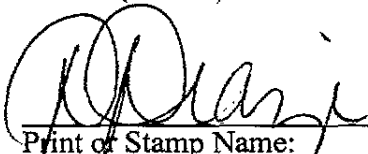
STATE OF FLORIDA            )  
  ) SS:  
COUNTY OF BROWARD        )

BEFORE ME, the undersigned authority, personally appeared ROBERT O. JACKSON, as Manager of RELIANCE-ANDREWS, LLC, a Florida limited liability company, as sole General Partner of RELIANCE-ANDREWS ASSOCIATES, LTD., a Florida limited partnership (the "Partnership"), who states as follows:

1. The aggregate capital contributions made by the Limited Partners of the Partnership to the Partnership is \$1,000.00.
2. It is anticipated that the Limited Partners will not make additional contributions to the capital of the Partnership.

  
\_\_\_\_\_  
ROBERT O. JACKSON

The foregoing instrument was acknowledged before me this 24<sup>th</sup> day of March, 2004, by ROBERT O. JACKSON, as Manager of RELIANCE-ANDREWS, LLC, a Florida limited liability company, as sole General Partner of RELIANCE-ANDREWS ASSOCIATES, LTD., a Florida limited partnership (the "Partnership"), who is personally known to me or who has produced a driver's license as identification and who did (did not) take an oath.

  
\_\_\_\_\_  
Print of Stamp Name:  
Notary Public, State of Florida at Large  
Commission No.:  
My Commission Expires:

