

A04000000478

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

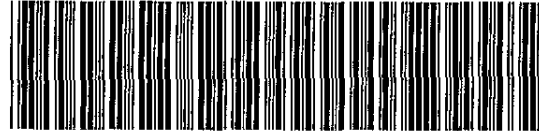
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900030838899

03/26/04--01002--025 \*\*157.50

RECEIVED  
04 MAR 25 AM 7:35  
DIVISION OF CORPORATION

FILED  
04 MAR 25 PM 6:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPDIRECT AGENTS, INC. (formerly CCRS)  
103 N. MERIDIAN STREET, LOWER LEVEL  
TALLAHASSEE, FL 32301  
222-1173

FILING COVER SHEET  
ACCT. #FCA-14

FILE SECOND

CONTACT: TRICIA TADLOCK  
DATE: 03-26-04  
REF. #: 0466.24814  
CORP. NAME: SBD/KRAFT LIMITED PARTNERSHIP

FILED  
04 MAR 25 PM 6:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT          | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK         | <input type="checkbox"/> FICTITIOUS NAME         |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input checked="" type="checkbox"/> LIMITED PARTNERSHIP | <input type="checkbox"/> LIMITED LIABILITY       |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                         | <input type="checkbox"/> WITHDRAWAL              |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |  |
| <input type="checkbox"/> OTHER:                      |   |  |

STATE FEES PREPAID WITH CHECK# 507837 FOR \$ 157.50.

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

\_\_\_\_\_ COST LIMIT: \$ \_\_\_\_\_

PLEASE RETURN:

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS     |   |   |

Examiner's Initials

**CERTIFICATE OF LIMITED PARTNERSHIP  
OF  
SBD/KRAFT LIMITED PARTNERSHIP**

Pursuant to the provisions of the Florida Revised Uniform Limited Partnership Act (1986), and Section 620.108 of the Florida Statutes, the undersigned, being the sole General Partner of SBD/KRAFT LIMITED PARTNERSHIP hereby duly executes and files with the Florida Secretary of State this Certificate of Limited Partnership.

1. The name of the limited partnership is SBD/KRAFT LIMITED PARTNERSHIP (the "**Limited Partnership**").

2. The business address the Limited Partnership is:

5100 Town Center Circle, Suite 400  
Boca Raton, Florida 33486

3. The mailing address the Limited Partnership is:

103 N. Meridian Street, Lower Level  
Tallahassee, Florida 32301

4. The name of the registered agent for service of process required by Section 620.105 of the Florida Statutes is:

CORPDIRECT AGENTS, INC.

5. The Florida street address for the registered agent is:

103 N. Meridian Street, Lower Level  
Tallahassee, Florida 32301

6. **Acceptance of Appointment of Registered Agent:**

Having been named the statutory registered agent of SBD/KRAFT LIMITED PARTNERSHIP, at the place designated in this Certificate of Limited Partnership of SBD/KRAFT LIMITED PARTNERSHIP, I hereby accept such designation and confirm that I am familiar with and agree to accept the obligations imposed by Section 620.192 of the Florida Statutes and I agree to comply with the provisions of Florida law relative to keeping the registered office open.

CORPDIRECT AGENTS, INC.

By: \_\_\_\_\_  
Its: \_\_\_\_\_

*Cynthia A. Hicks*  
*Agent*

Dated: March 25, 2004.

**FILED**  
04 MAR 25 PM 6:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

7. The name and business address of the sole general partner is as follows:

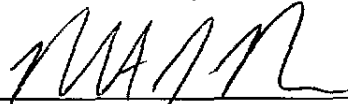
SBD/KRAFT, INC.  
5100 Town Center Circle, Suite 400  
Boca Raton, Florida 33486

8. The latest date upon which the limited partnership is to dissolve is December 31, 2053.

Under penalty 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.

**IN WITNESS WHEREOF**, the sole General Partner has executed the foregoing Certificate of Limited Partnership on the 25<sup>th</sup> day of March, 2004 in accordance with Section 620.114 of the Florida Statutes.

SBD/KRAFT, INC., a Florida corporation

By:   
Robert J. Robes, Assistant Secretary

**AFFIDAVIT**

**THE UNDERSIGNED**, constituting the sole general partner of SBD/KRAFT LIMITED PARTNERSHIP, a Florida Limited Partnership, hereby certifies as follows:

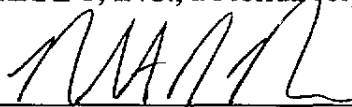
1. The amount of capital contributions to date of the limited partners is: **\$-0-**.
2. The total amount contributed and anticipated to be contributed by the limited partners at this time totals **\$10,000.00**.

**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.

Signed this 25<sup>th</sup> day of March, 2004.

SBD/KRAFT, INC., a Florida corporation

By:   
Robert J. Robes, Assistant Secretary

**SBD/KRAFT, INC.**

March 25, 2004

Florida Department of State  
Corporate Records Bureau  
409 East Gaines Street  
Tallahassee, Florida 32301

Re: SBD/Kraft Limited Partnership

Dear Sir or Madam:

The undersigned, Assistant Secretary of SBD/Kraft, Inc., hereby consents to and permits the use of the name "SBD/Kraft Limited Partnership" by a similar entity in the State of Florida.

Sincerely yours,

SBD/KRAFT, INC.

By: 

Robert J. Robes, Assistant Secretary