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STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 840437 11758A

AUTHORIZATION :

*Patricia Pigato*

COST LIMIT : \$ 140.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ORDER DATE : August 9, 2004

ORDER TIME : 12:39 PM

ORDER NO. : 840437-005

CUSTOMER NO: 11758A

CUSTOMER: Jeffrey S. Wachs, Esq  
Doumar Allsworth Cross  
Laystrom Perloff Voigt Wachs M  
1177 Southeast Third Avenue

Fort Lauderdale, FL 33316

DOMESTIC FILING

NAME: THE ANGELILLO FAMILY LIMITED  
PARTNERSHIP

EFFECTIVE DATE:

ARTICLES OF INCORPORATION  
XX CERTIFICATE OF LIMITED PARTNERSHIP  
ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY  
PLAIN STAMPED COPY  
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT. 2956

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

CERTIFICATE OF LIMITED PARTNERSHIP

OF

THE ANGELILLO FAMILY LIMITED PARTNERSHIP

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

THE UNDERSIGNED, constituting the General Partner of THE ANGELILLO FAMILY LIMITED PARTNERSHIP, a Florida Limited Partnership, hereby files its Certificate of Limited Partnership in accordance with Chapter 620, Florida Statutes, as follows:

1. Name of the Partnership: THE ANGELILLO FAMILY LIMITED PARTNERSHIP
2. The address of the office of the Partnership is.  
3880 Coconut Creek Pkwy  
Suite 100  
Coconut Creek, FL 33066
3. Name and addresses of the agent for the service of process on the Partnership is.  
JEFFREY S. WACHS, ESQ.  
1177 S.E. 3rd Avenue  
Fort Lauderdale, FL 33316
4. Name and business address of the General Partner is.  
MICHAEL P. ANGELILLO  
3880 Coconut Creek Pkwy  
Suite 100  
Coconut Creek, FL 33066
5. Mailing address of the Partnership is.  
THE ANGELILLO FAMILY  
LIMITED PARTNERSHIP  
C/O MICHAEL P. ANGELILLO  
3880 Coconut Creek Pkwy  
Suite 100  
Coconut Creek, FL 33066

6. Latest date upon which the Partnership will dissolve.

Will be in accordance with Section 620.157  
of the Florida Statute, however, no later than  
December 31, 2054.

The execution of this Certificate by the undersigned General  
Partner constitutes an affirmation under penalties of perjury that  
the facts stated herein are true.

IN WITNESS WHEREOF, the undersigned has duly executed this  
Certificate of Limited Partnership of THE ANGELILLO FAMILY LIMITED  
PARTNERSHIP, this 3rd day August, 2004.

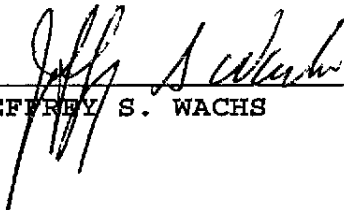
GENERAL PARTNER(S):

Michael P. Angelillo  
By: MICHAEL P. ANGELILLO

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been named as Registered Agent for **THE ANGELILLO FAMILY LIMITED PARTNERSHIP**, a Florida limited partnership ("Partnership"), in the foregoing Certificate of Limited Partnership, I, on behalf of the Partnership agree to comply with any and all statutes relative to the complete and proper performance of the duties of a registered agent.

REGISTERED AGENT:

  
\_\_\_\_\_  
JEFFREY S. WACHS

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned authority, personally appeared **MICHAEL P. ANGELILLO**, the General Partner of **THE ANGELILLO FAMILY LIMITED PARTNERSHIP**, a Florida limited partnership, herein referred to as the "Partnership", who, upon being duly sworn, certified as follows:

1. As of the date hereof, the amount of capital contributions to the Partnership made by the Limited Partners is as follows:

\$5,000.00

2. The amount of capital contributions anticipated to be contributed by additional Limited Partners is as follows:

NONE

3. Affiant has executed this Affidavit of Capital Contributions as the duly authorized representative of the General Partner of said Partnership.

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.

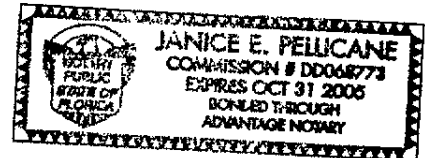
DATED this 3rd day of August, 2004.

  
MICHAEL P. ANGELILLO

STATE OF FLORIDA       )  
                                  SS:  
COUNTY OF BROWARD     )

SWORN TO AND SUBSCRIBED before me, the undersigned authority,  
by **MICHAEL P. ANGELILLO**, who appeared personally before me and took  
an oath, who is personally known to me or who produced  
\_\_\_\_\_ as  
identification, on this 3rd day of August, 2004.

Janice E Pellicane  
Notary Public, State of Florida  
Print Name: Janice E Pellicane  
My Commission Number: \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_



C:\WP51\Angelillo.Michael\AngelilloFamilyLimitedPartnership\Cert.LP.wpd