

A04000001410

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

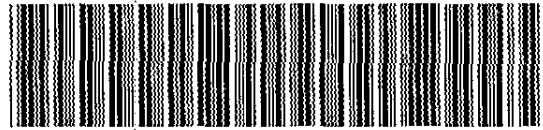
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Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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CERTIFICATE OF INCORPORATIONS  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

*[Handwritten signature]*

DEPARTMENT OF STATE  
ACCOUNT FILING COVER SHEET

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Account Number FCA000000017  
Reference: \_\_\_\_\_  
(Sub Account)  
Date: 8/27/04  
Requestor Name: Carlton Fields  
Address: Post Office Drawer 190  
Tallahassee, Florida 32302  
Telephone: (850) 224-1585  
Contact Name: Kim Pullen, CLA (ext. 5261)

Corporation Name:

Lauderhill Mall, L.P.

Entity Number:

Authorization:

Kim Pullen

☒ Certified Copy

☒ New Filings

☐ Fictitious Name

☐ Plain Stamped Copy

☐ Amendments

☒ Certificate of Status

☐ Annual Report

☐ Registration

( X ) Call When Ready

( X ) Call if Problem

( ) After 4:30

( X ) Walk In

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Client: 49112 Matter: 19657  
Name: Diane Mackey Office: TPA

File 2nd

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**CERTIFICATE OF LIMITED PARTNERSHIP  
OF LAUDERHILL MALL LIMITED PARTNERSHIP**

**THIS CERTIFICATE** is made this 26<sup>th</sup> day of August 2004, by Lauderhill G.P. Inc., as the sole general partner of Lauderhill Mall, L.P. (the "Partnership"). The undersigned certifies as follows:

1. The name of the limited partnership is Lauderhill Mall, Limited Partnership
2. The address of the office required to be maintained by the Partnership in Florida pursuant to Section 620.105 of the Florida Statutes is 1267 NW 40th Avenue, Lauderhill, Florida 33313, and the name and address of the agent for service of process is CFRA, LLC, Corporate Center Three at International Plaza, 4221 W. Boy Scout Boulevard, Tampa, Florida 33607.
3. The name of the general partner of the Partnership is Lauderhill G.P. Inc., a corporation existing under the laws of the Province of Ontario, and the general partner's business address is Suite 500, 370 King Street West, Toronto, Ontario M5V 1J9. FV400004924
4. The mailing address of the Partnership is Suite 500, 370 King Street West, Toronto, Ontario M5V 1J9.
5. The latest date upon which the Partnership is to dissolve is December 31, 2100.
6. This Certificate of Limited Partnership is made in accordance with Section 620.108 of the Florida Statutes.

**IN WITNESS WHEREOF**, the undersigned General Partner has caused this Certificate of Limited Partnership to be executed as of the date first set forth above.

**General Partner**

Lauderhill G.P. Inc.,  
a corporation existing under  
the laws of the Province of Ontario

By: Moshe Tamari  
Moshe Tamari  
Chairman of the Board

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TALLAHASSEE, FLORIDA

**AFFIDAVIT**

**PROVINCE OF ONTARIO**

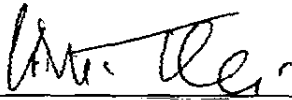
**CITY OF TORONTO**

**BEFORE ME**, the undersigned authority, personally appeared Mr. Moshe Tamari, as Chairman of the Board and Secretary of Lauderhill G.P., Inc., who, being by me first duly sworn, deposes and says:

1. Mr. Moshe Tamari is serving as the Chairman of the Board and Secretary of the sole general partner of Lauderhill Mall, L.P., a Florida limited partnership (the "Partnership"), and is duly authorized to execute this affidavit on behalf of the Partnership.

2. The amount of the initial capital contribution of the limited partners to the Partnership is \$99. No additional limited partner contributions are anticipated at the present time.

3. This affidavit is made in compliance with Section 620.108(1) of the Florida Statutes.



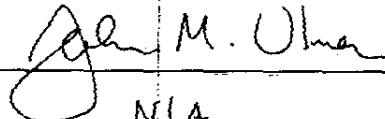
Name: \_\_\_\_\_

**PROVINCE OF ONTARIO**

**CITY OF TORONTO**

Sworn to and subscribed before me this \_\_\_\_ day of August, 2004, by Mr. Moshe Tamari, as Chairman of the Board and Secretary of Lauderhill G.P., Inc., the sole general partner of Lauderhill Mall, L.P., on behalf of the partnership. He/she is personally known to me, or has produced \_\_\_\_\_ as identification, and did not take an oath.

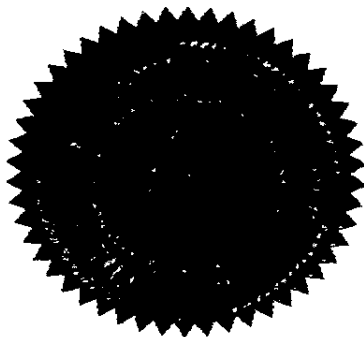
Name: \_\_\_\_\_



Serial No. \_\_\_\_\_  
Notary Public,  
Province of Ontario

N/A

(AFFIX OFFICIAL SEAL)



**ACCEPTANCE BY REGISTERED AGENT**

Having been named as registered agent and to accept service of process for the Partnership, at the place designated as the registered office, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the duties and obligations of my position as registered agent.

Dated this 26<sup>th</sup> day of August 2004.

Registered Agent: CFRA, LLC

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