

Certificate of Limited Partnership

A04000001617
FILED
October 14, 2004
Sec. Of State
dcushing

Name of Limited Partnership:

THE ALCHEMIST'S TOUCH, LIMITED PARTNERSHIP

Business Address of Limited Partnership:

1160 WEEPING WILLOW WAY
HOLLYWOOD, FL. US 33019

Mailing Address of Limited Partnership:

1160 WEEPING WILLOW WAY
HOLLYWOOD, FL. US 33019

The name and Florida street address of the registered agent is:

MICHAELENE MANUS PH.D.
1160 WEEPING WILLOW WAY
HOLLYWOOD, FL. 33019

I certify that I am familiar with and accept the responsibilities of registered agent.

Registered Agent Signature: MICHAELENE MANUS, PH.D.

The latest date upon which the Limited Partnership is to be dissolved is:

PERPETUAL

The name and address of all general partners are:

Title: G
MICHAELENE MANUS PH.D.
1160 WEEPING WILLOW WAY
HOLLYWOOD, FL. 33019 US

Title: G
BARBARA A UDELL PH.D.
801 NORTH VENETIAN DRIVE, SUITE 702
MIAMI, FL. 33139 US

Affidavit of Capital Contributions For Florida Limited Partnership

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The undersigned constituting all of the general partners of:
THE ALCHEMIST'S TOUCH, LIMITED PARTNERSHIP

a Florida Limited Partnership, certify:

The amount of capital contributions to date of the limited partners is:
2,500.00

The total amount contributed and anticipated to be contributed by the
limited partners at this time totals:
2,500.00

Signed this Fourteenth day of October, 2004

Under the penalties of perjury I (we) declare the I (we) have read the foregoing
and know the contents thereof and that the facts stated herein are true and correct.

General Partner Signature: MICHAELENE MANUS, PH.D.

General Partner Signature: BARBARA A. UDELL, PH.D.