

A04000001847

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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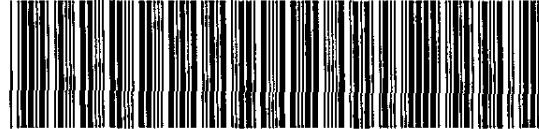
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A04-1847
BAA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 994216 11758A

AUTHORIZATION :

Patricia Pizutto

COST LIMIT : \$ 140.00

ORDER DATE : November 24, 2004

ORDER TIME : 1:06 PM

ORDER NO. : 994216-005

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 CAPLIVSKI REAL ESTATE
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: Sara Lea - EXT. 2914

EXAMINER'S INITIALS:

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CLERK OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF LIMITED PARTNERSHIP

OF

THE CAPLIVSKI REAL ESTATE LIMITED PARTNERSHIP

THE UNDERSIGNED, constituting the General Partners of THE CAPLIVSKI REAL ESTATE 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 CAPLIVSKI REAL ESTATE LIMITED PARTNERSHIP

2. The address of the office of the Partnership is.

2131 N.E. 32nd Avenue
Ft. Lauderdale, FL 33305

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 Partners are.

Abraham Caplivski and
Gertrude L. Caplivski
2131 N.E. 32nd Avenue
Ft. Lauderdale, FL 33305

5. Mailing address of the Partnership is.

THE CAPLIVSKI REAL ESTATE
LIMITED PARTNERSHIP
c/o Abraham Caplivski and
Gertrude L. Caplivski
General Partners
2131 N.E. 32nd Avenue
Ft. Lauderdale, FL 33305

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6. Latest date upon which the Partnership will dissolve.

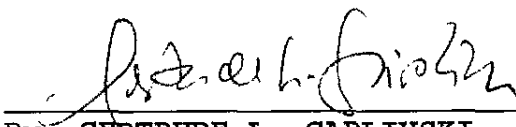
Will be in accordance with Section 620.157
of the Florida Statute, however, no later than
December 31, 2054.

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

IN WITNESS WHEREOF, the undersigned have duly executed this
Certificate of Limited Partnership of THE CAPLIVSKI REAL ESTATE
LIMITED PARTNERSHIP, this 17th day November, 2004.

GENERAL PARTNER(S) :


By: ABRAHAM CAPLIVSKI


By: GERTRUDE L. CAPLIVSKI

RECORDED
TALLAHASSEE, FLORIDA

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ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been named as Registered Agent for THE CAPLIVSKI REAL ESTATE 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

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STATE OF FLORIDA
TALLAHASSEE FLOOR

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned authority, personally appeared ABRAHAM CAPLIVSKI AND GERTRUDE L. CAPLIVSKI, the General Partners of THE CAPLIVSKI REAL ESTATE 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

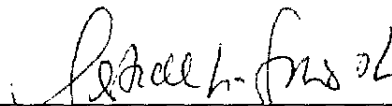
3. Affiant has executed this Affidavit of Capital Contributions as the duly authorized representative of the General Partner of said Partnership.

FURTHER AFFIANT SAYETH NOT.

Under penalties of perjury, we declare that we have read the foregoing and that the facts alleged are true, to the best of our knowledge and belief.

DATED this 17th day of November, 2004.


ABRAHAM CAPLIVSKI


GERTRUDE L. CAPLIVSKI

STATE OF FLORIDA)
 SS:
COUNTY OF BROWARD)

SWORN TO AND SUBSCRIBED before me, the undersigned authority,
by Abraham Caplivski, who appeared personally before me and took an
oath, who is personally known to me or who produced _____
_____ as identification, on this
17th day of November, 2004.

Lisa D. Belenson

Notary Public, State of Florida

Print Name: Lisa D. Belenson

Commission Number: DD133915

My Commission expires: 8/10/06

STATE OF FLORIDA)
 SS:
COUNTY OF BROWARD)



Lisa D. Belenson
Commission # DD133915
Expires Aug. 10, 2006
Bonded Thru
Atlantic Bonding Co., Inc.

SWORN TO AND SUBSCRIBED before me, the undersigned authority,
by Gertrude L. Caplivski, who appeared personally before me and
took an oath, who is personally known to me or who produced _____
_____ as identification, on this 17th day of November, 2004.

Lisa D. Belenson

Notary Public, State of Florida

Print Name: Lisa D. Belenson

Commission Number: DD133915

My Commission expires: 8/10/06



Lisa D. Belenson
Commission # DD133915
Expires Aug. 10, 2006
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