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(Business Entity Name)

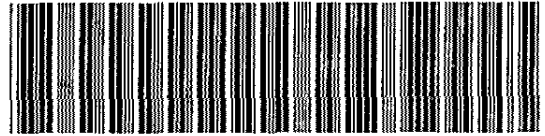
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05 JAN 25 PM 3:50  
SECRETARY OF STATE  
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05 JAN 24 PM 1:04  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032  
REFERENCE : 160141 81491A  
AUTHORIZATION :  
COST LIMIT : \$ PPD

FILED  
05 JAN 25 PM 3:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ORDER DATE : January 24, 2005

ORDER TIME : 11:01 AM

ORDER NO. : 160141-010

CUSTOMER NO: 81491A

CUSTOMER: Mark H. Dahlmeier, Esq  
Jones Foster Johnston & Stubbs

Suite 1100  
505 South Flagler Drive  
West Palm Beach, FL 33401

DOMESTIC FILING

NAME: WOOLBRIGHT NOKOMIS, LTD.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

CONTACT PERSON: Justin Cheshire - EXT. 2909

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

**CERTIFICATE OF LIMITED PARTNERSHIP  
OF WOOLBRIGHT NOKOMIS, LTD.**

**FILED**  
05 JAN 25 PM 3:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The name of the Limited Partnership is Woolbright Nokomis, Ltd.

The address of the Limited Partnership's office is c/o Woolbright 18 Florida, Inc., 3200 North Military Trail, 4<sup>th</sup> Floor, Boca Raton, Florida 33431.

The name and address of the agent for service of process is Peter S. Holton, 505 South Flagler Drive, Suite 1100, West Palm Beach, Florida 33401.

The name and business address of the general partner is Woolbright 18 Florida, Inc., 3200 North Military Trail, 4<sup>th</sup> Floor, Boca Raton, Florida 33431. *05000012287*

A mailing address for the Limited Partnership is c/o Woolbright 18 Florida, Inc., 3200 North Military Trail, 4<sup>th</sup> Floor, Boca Raton, Florida 33431.


The Limited Partnership shall be formed as of the date of filing hereof.

The latest date upon which the Limited Partnership is to dissolve is December 31, 2049.

This Certificate of Limited Partnership of Woolbright Nokomis, Ltd., has been executed on the 21<sup>st</sup> day of January, 2005. By such execution, the general partner whose signature is set forth below hereby affirms, under penalty of perjury, that the facts stated herein are true.

GENERAL PARTNER:

WOOLBRIGHT 18 FLORIDA, INC.,  
a Florida corporation

By:   
Name: Peter S. Holton  
Its: Vice President

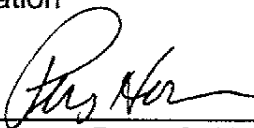
**AFFIDAVIT**

The undersigned, as general partner of Woolbright Nokomis, Ltd., pursuant to Section 620.108(1), *Florida Statutes*, hereby attests to the following:

1. The Contribution of the initial limited partners of Woolbright Nokomis, Ltd. is \$10,000.00.
2. The total amount contributed and anticipated to be contributed by the limited partners of Woolbright Nokomis, Ltd. is \$10,000.00.
3. By its execution, the general partner whose signature is set forth below, hereby affirms, under the penalties of perjury, that the facts stated herein are true.

GENERAL PARTNER:

Woolbright 18 Florida, Inc., a Florida corporation

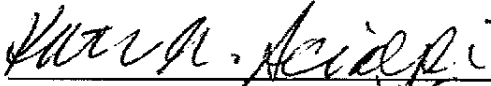
By:   
Name: Peter S. Holton  
Title: Vice President

STATE OF FLORIDA

COUNTY OF PALM BEACH

I hereby certify that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, the foregoing instrument was sworn to, subscribed and acknowledged before me this 21<sup>st</sup> day of January, 2005, by Peter S. Holton, as Vice President of Woolbright 18 Florida, Inc., a Florida corporation, freely and voluntarily under authority duly vested in him by said corporation, and he is personally known to me.

(Notary Seal)

  
Notary Name: KATHLEEN A. SCIALPI  
Commission No.: DD252440



Kathleen A. Sciampi  
My Commission DD252440  
Expires October 05, 2007

**CERTIFICATE DESIGNATING PLACE OF  
BUSINESS OR DOMICILE FOR THE SERVICE  
OF PROCESS WITHIN THIS STATE, NAMING  
AGENT UPON WHOM PROCESS MAY BE SERVED**

In pursuance of Chapter 48.091, *Florida Statutes*, the following is submitted in compliance with said Act:

That WOOLBRIGHT NOKOMIS, LTD., desiring to organize as a limited partnership under the laws of the State of Florida, has named Peter S. Holton, located at the Registered Office of the limited partnership at 505 South Flagler Drive, Suite 1100, West Palm Beach, Florida 33401, as its Registered Agent to accept service of process within this State.

**ACKNOWLEDGMENT:**

Having been named to accept service of process for the above stated limited partnership at the place designated in this Certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.



\_\_\_\_\_  
Peter S. Holton, Registered Agent