

AG 000000551 of 1

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H05000066834 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : KRAMER, GREEN, ZUCKERMAN & KAHN, P.A.
Account Number : 073707002173
Phone : (954) 966-2112
Fax Number : (954) 981-1605

FLORIDA LIMITED PARTNERSHIP

HAND CENTER MANAGEMENT, LTD.

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$140.00

RECEIVED

05 MAR 17 PM 1:43

DIVISION OF CORPORATION

RECEIVED
ALL INFORMATION
SECTION

05 MAR 17 AM 9:47

FILED

Electronic Filing Menu

Corporate Filing

Public Access Help

((H05000066834 3))

CERTIFICATE OF LIMITED PARTNERSHIP

Pursuant to Section 620.108 of the Florida Statutes, the following statement is made:

1. The name of the Limited Partnership is HAND CENTER MANAGEMENT, LTD..
2. The address of the office and the name and address of the agent for service of process required to be maintained by Section 620.105 of the Florida Statutes is:

Robert M. Kramer
KRAMER, GREEN, ZUCKERMAN, GREENE & BUCHSBAUM, P.A.
4000 Hollywood Blvd., Suite 485 South
Hollywood, Florida 33021

3. The name and business address of each General Partner is:


HARRIS GELLMAN
1605 Victoria Pointe Lane
Weston, FL 33327

4. The mailing address and street address for the Limited Partnership is:

c/o HARRIS GELLMAN
1605 Victoria Pointe Lane
Weston, FL 33327

5. The latest date upon which the Limited Partnership is to dissolve is December 31, 2053.

HAND CENTER MANAGEMENT, LTD.



HARRIS GELLMAN, General Partner

((H05000066834 3))

Mar.17. 2005 1:48PM

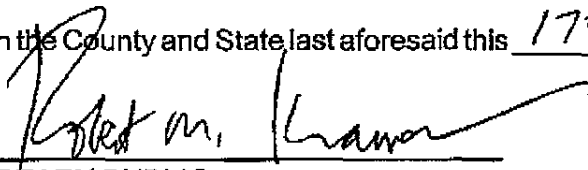
No.5726 P. 4

(((05000066834 3)))

STATE OF FLORIDA }
 }SS
COUNTY OF BROWARD }

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid to take acknowledgments, personally appeared HARRIS GELLMAN, General Partner of HAND CENTER MANAGEMENT, LTD., to me known to be the person described in and who executed the foregoing Certificate of Limited Partnership and he acknowledged before me that he executed the same. He is personally known to me or ~~produced~~ _____ as identification and he did take an oath.

WITNESS my hand and official seal in the County and State last aforesaid this 17th day of MARCH, 2005.


NOTARY PUBLIC



Robert M. Kramer
My Commission DD912086
Expires April 27, 2008
Printed Name



Robert M. Kramer
My Commission DD912086
Expires April 27, 2008

My Commission Expires:

K:\BOB\GELLMAN\EXTREME MANAGEMENT LTD\CERTIF.LPS.wpd

RECEIVED
SALINAS
MAR 17 2005

2005 MAR 17 AM 9:47

FILED

(((H05000066834 3)))

Mar. 17. 2005 1:48PM

No. 5726 P. 5

(((D5000066834 3)))

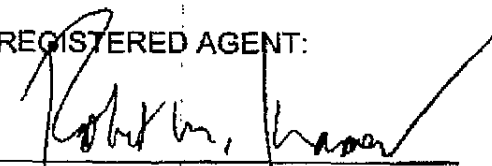
ACKNOWLEDGMENT OF APPOINTMENT OF REGISTERED AGENT

HAND CENTER MANAGEMENT, LTD.

The undersigned, having been named the Registered Agent for the above Limited Partnership at 4000 Hollywood Boulevard, Suite 485 South, Hollywood, Florida 33021, the undersigned hereby accepts the same and agrees to act in this capacity and agrees to comply with the provisions of Florida law relative to keeping the registered office open.

Dated: MARCH 17th, 2005.

REGISTERED AGENT:


ROBERT M. KRAMER

K:\BOB\GELLMAN\EXTREME MANAGEMENT LTD\Registered Agent.wpd

2005/MAR 17 AM 9:47
HOLLYWOOD, FLORIDA

(((H05000066834 3)))

((H05000066834 3)))

LIMITED PARTNERSHIP AFFIDAVIT

STATE OF FLORIDA }
 }SS
COUNTY OF BROWARD }

Pursuant to Section 620.108 of the Florida Statutes, the following statement is made:

1. The undersigned is the sole General Partners of HAND CENTER MANAGEMENT, LTD.

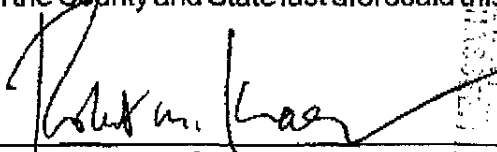
2. The amount of the original capital contributions of the Limited Partners is \$990.00. The additional amount anticipated to be contributed by the Limited Partners is \$0.

FURTHER AFFIANT SAYETH NAUGHT.


HARRIS GELLMAN

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid to take acknowledgments, personally appeared HARRIS GELLMAN, General Partner of HAND CENTER MANAGEMENT, LTD., to me known to be the person described in and who executed the foregoing Limited Partnership Affidavit and he acknowledged before me that he executed the same. He is personally known to me or produced _____ as identification and he did take an oath.

WITNESS my hand and official seal in the County and State last aforesaid this 17th day of March, 2005.


NOTARY PUBLIC

My Commission Expires:



Robert M. Kramer
My Commission 00912006
Expires April 27 2006

Printed Name of Notary Public