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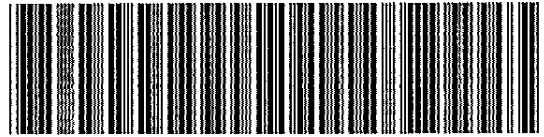
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ACCOUNT NO. : 072100000032

REFERENCE : 279229 4331939

AUTHORIZATION :

COST LIMIT : \$ 140.00

Patricia Pigato

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TALLAHASSEE, FLORIDA

ORDER DATE : March 25, 2005

ORDER TIME : 1:27 PM

ORDER NO. : 279229-005

CUSTOMER NO: 4331939

CUSTOMER: Ms. Suzanne S. Killeen
Greenberg Traurig, P.a.

Suite 2000
401 E Las Olas Blvd
Ft Lauderdale, FL 33301

DOMESTIC FILING

NAME: OCEAN EQUITY PARTNERS VII,
LLLP

XX CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

CONTACT PERSON: Heather Chapman - EXT. 2908

EXAMINER'S INITIALS: _____

**CERTIFICATE OF LIMITED PARTNERSHIP OF
OCEAN EQUITY PARTNERS VII, LLLP
(a Florida limited liability limited partnership)**

Pursuant to the provisions of Section 620.108 of the Florida Statutes, the undersigned, being the sole General Partner of OCEAN EQUITY PARTNERS VII, LLLP, hereby duly executes and files with the Florida Secretary of State this Certificate of Limited Partnership.

1. The name of the limited partnership is "OCEAN EQUITY PARTNERS VII, LLLP" (the "Limited Partnership").

2. The street address of the Limited Partnership's initial registered office in the State of Florida is 2400 East Commercial Boulevard, Suite 719, Fort Lauderdale, FL 33308, and the name of its initial registered agent at such office is IGS Capital Management Corp.

3. The name of the Limited Partnership's sole general partner is IGS Capital Management Corp., and the business address of such general partner is 2400 East Commercial Boulevard, Suite 719, Fort Lauderdale, FL 33308.

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4. The mailing address of the Limited Partnership is 2400 East Commercial Boulevard, Suite 719, Fort Lauderdale, FL 33308.

5. The latest date on which the Limited Partnership is to dissolve is December 31, 2012.

The sole General Partner of OCEAN EQUITY PARTNERS VII, LLLP has executed the foregoing Certificate of Limited Partnership on this 23rd day of MARCH, 2005, in accordance with Section 620.114 of the Florida Statutes.

IGS Capital Management Corp., a Florida
corporation, General Partner

By:

Raphael A. Dominguez
Raphael A. Dominguez, President

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05 MAR 25 AM 9:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Acceptance of Appointment of Registered Agent

The undersigned, IGS Capital Management Corp., having been named as registered agent and to accept service of process for OCEAN EQUITY PARTNERS VII, LLLP, at the place designated in the foregoing Certificate of Limited Partnership, hereby accepts the appointment as registered agent and agrees to act in that capacity. The undersigned is familiar with and accepts the obligations imposed by §620.192 of the Florida Statutes and agrees to comply with the provisions of Florida Law relative to keeping the registered office open. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of the undersigned's duties as registered agent.

Date: 3-23-05

IGS Capital Management Corp., a Florida
corporation, General Partner

By: Raphael A. Dominguez
Raphael A. Dominguez, President

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

The undersigned affiant, being first duly sworn under oath, deposes and says:

1. The initial Limited Partners of OCEAN EQUITY PARTNERS VII, LLLP have contributed cash or property valued at \$7,000.00 to the Partnership as their initial capital contributions.

2. The initial Limited Partners do not anticipate making any additional capital contributions other than the contributions stated above.

FURTHER AFFIANT SAYETH NAUGHT.

Under penalties of perjury, the undersigned declares that he has read the foregoing and that the facts alleged are true to the best of his knowledge and belief.

IGS Capital Management Corp., a Florida corporation, General Partner

By:

Raphael A. Dominguez
Raphael A. Dominguez, President

STATE OF FLORIDA)

SS:

COUNTY OF BROWARD)

SWORN TO AND SUBSCRIBED before me this 23 day of March, 2005, by **Raphael A. Dominguez**, as President of **IGS Capital Management Corp.**, who personally appeared before me, and ☒ is personally known to me or ☐ produced _____ as identification.

Notary: Suzanne S. Killeen

Print Name: Suzanne S. Killeen

Notary Public, State of: Florida

My commission expires: _____



Suzanne S. Killeen
MY COMMISSION # DD009841 EXPIRES
June 28, 2005
BONDED THRU TROY FAIN INSURANCE, INC.