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**CAPITAL CONNECTION, INC.**417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

| Southern Recovery Systems      | 9 1                            |
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|                                | TARRES MOSTA                   |
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|                                | Aft of Inc. File               |
|                                | LTD Partnership File           |
|                                | Foreign Corp. File             |
|                                | L.C. File                      |
|                                | Fictitious Name File           |
|                                | Trade/Service Mark             |
|                                | Merger File                    |
|                                | Art. of Amend. File            |
|                                | RA Resignation                 |
|                                | Dissolution / Withdrawal       |
|                                | Annual Report / Reinstatement  |
|                                | Cert. Copy                     |
|                                | Photo Copy                     |
|                                | Certificate of Good Standing   |
|                                | Certificate of Status          |
|                                | Certificate of Fictitious Name |
|                                | Corp Record Search             |
|                                | Officer Search                 |
|                                | Fictitious Search              |
| Signature                      | Fictitious Owner Search        |
| Digitature                     | Vehicle Search                 |
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| Requested by: 1/1/ 2/2( 1/1:00 | UCC 1 or 3 File                |
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| Walk-In Will Pick Up.          | Courier                        |



### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

March 25, 2005

**CAPITAL CONNECTION** 

TALLAHASSEE, FL

SUBJECT: SOUTHERN RECOVERY SYSTEMS, LP

Ref. Number: W05000015494

RE-SUBMIT
PLEASE OBTAIN THE ORIGINAL
FILE DATE



We have received your document for SOUTHERN RECOVERY SYSTEMS, LP and your check(s) totaling \$385.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED your \$385.00 payment.

Florida limited partnerships may not use the suffix "LP".

Please use LTD., LIMITED, or LIMITED PARTNERSHIP.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr Document Specialist

Letter Number: 205A00020664

**RE-SUBMIT**PLEASE OBTAIN THE ORIGINAL
FILE DATE

## CERTIFICATE OF LIMITED PARTNERSHIP

| 1. Name of Limited Partnership; must contain a suffix such as "Limited",                         | Systems, Partnershi                         |
|--|---|
| (Name of Limited Partnership; must contain a suffix such as "Limited",                           | "Ltd.", or "Limited Partnership")           |
| 2. 6800 SW 4040 St-t<br>(Business address of Limited Partnershi                                  | £480, Miamu, FC                             |
| 3. David S. Howis Es   | 37135-371                                   |
| 16431 SW 39th St. Mia  | WI, FL 33155                                |
| (Florida street address for Registered Age   |   |
| (Registered Agent must sign here to accept designation as Registered                             | Agent for Service of Process)               |
| 6. 6800 SW 40th St # 480<br>(Mailing Address of the Limited Partners)                            | Miany, FL<br>33155-3708                     |
| •  |   |
| 7. The latest date upon which the Limited Partnership is to be 8. Name(s) of general partner(s): | dissolved is: MMM23, 201<br>Street address: |
| Davids. Hawis. 64315   | W 39th St. Many F                           |
|  | 33155                                       |
| · · · · · · · · · · · · · · · · · · ·  | O. St.                                      |
|  | AH AH AH                                    |
| Under penalties of perjury I (we) declare that I (we) have read:                                 | the foregoing and know the                  |
| contents thereof and that the facts stated herein are true and con                               |   |
| Signed this 23vd day of \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \                                      |   |
| Signature of all general partners:   |   |
| 1 \(\tau_{}\) = \(\text{L} \(\) = \(\)   | ieneral Partner                             |
| General Partner  | Seneral Pariner                             |
| General Partner  | General Partner                             |

## AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR FLORIDA LIMITED PARTNERSHIP

| The undersigned constituting all of the general partn  | sers of SOUTTIENN                               |
|--|---|
| Fecovery Systems, Limite   | ed Partnership                                  |
| a Florida Limited Partnership, certify:  |   |
|  |   |
| The amount of capital contributions to date of the lin   | nited partners is \$ 35,000°.                   |
| The total amount contributed and anticipated to be co  | ontributed by the limited partners at this time |
| totals \$ 50,00000.  |   |
| Signed this 23rd day of March  | , 2005.   |
| FURTHER AFFIANT SAYETH NOT.  |   |
| Under the penalties of perjury $I$ (we) declare that $I$ (we contents thereof and that the facts stated herein are the |   |
| Jan Ma   |   |
| General Partner  | General Partner                                 |
|  |   |
| General Partner  | General Partner                                 |
| General Partner  | General Partner                                 |