

# **Certificate of Limited Partnership**

**A05000000863**  
**FILED**  
**May 02, 2005**  
**Sec. Of State**  
gharvey

Name of Limited Partnership:

OLIVER-BOOTS FLP LIMITED

Business Address of Limited Partnership:

4724 HANSARD AVE  
NORTH PORT, FL. 34287

Mailing Address of Limited Partnership:

POB 7362  
NORTH PORT, FL. 34287

The name and Florida street address of the registered agent is:

TED J LEMEK  
4724 HANSARD AVE.  
NORTH PORT, FL. 34287

I certify that I am familiar with and accept the responsibilities of registered agent.

Registered Agent Signature: TED J. LEMEK

The latest date upon which the Limited Partnership is to be dissolved is:

04/29/2060

The name and address of all general partners are:

Title: G  
THEODORE LEMEK  
POB 7362  
NORTH PORT, FL. F34287

Title: G  
KATHLEEN LEMEK  
POB 7362  
NORTH PORT, FL. 34287

The effective date for this Limited Partnership shall be:

05/02/2005

# **Affidavit of Capital Contributions For Florida Limited Partnership**

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The undersigned constituting all of the general partners of:  
OLIVER-BOOTS FLP LIMITED

a Florida Limited Partnership, certify:

The amount of capital contributions to date of the limited partners is:  
100.00

The total amount contributed and anticipated to be contributed by the  
limited partners at this time totals:  
100.00

Signed this Second day of May, 2005

Under the penalties of perjury I (we) declare the I (we) have read the foregoing  
and know the contents thereof and that the facts stated herein are true and correct.

General Partner Signature: THEODORE J. LEMEK

General Partner Signature: KATHLEEN LEMEK