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04/22/05--01035--085 \*\*1846.25

APPROVED FOR  
ISSUANCE  
DATE: 04/22/05  
BY: [Signature]

A05-908  
AL

Director's Name)

ESS)

ESS)

State/Zip/Phone #)

PICK-UP

WAIT

MAIL

Business Entity Name)

Account Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions

Accounting Officer:

Office Use Only



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

April 27, 2005

LUIS NAVARRO  
2800 POND  
CORAL GABLES, FL 33134

SUBJECT: JUVENESCENCE CENTER OF FLORIDA, L.P.  
Ref. Num: W05000021228

We have reviewed your document for JUVENESCENCE CENTER OF FLORIDA, L.P. and check(s) totaling \$1846.25. However, the enclosed document has not been and is being returned for the following correction(s):

You must file a limited partnership suffix to the name, such as LTD., LIMITED, or LIMITED PARTNERSHIP.

The registered agent must sign accepting the designation.

The entity period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

Please re-submit 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) 245-2000.

Tammi C. Documet Specialist

Letter Number: 905A00029140

RECEIVED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
APR 28 2005  
11:12:45

**NAVARRO & ASSOCIATES, P.L.**  
**ATTORNEYS & COUNSELORS AT LAW**

2800 Ponce I  
Ste. 1160  
Coral Gable

Office: 305-447-8707  
Fax: 305-447-3787  
www.nmslaw.com

VIA REGULAR MAIL

April 19, 2005

Department of  
Division of Co  
P.O. Box 6327  
Tallahassee, F

Re: Juvenescence Center of Florida, L.P.

Herein attached you will find the following documents for Juvenescence Center of Florida, L.P.:

1. Check \$ 1,846.25
2. Certificate of Limited Partnership
3. Affidavit of Capital Contributions for Florida Limited Partnership

If any other information is needed, please do not hesitate to contact our offices at your earliest convenience.

Regards,

Luis F. Navarro

Navarro & Associates, P.L.

Escrow  
Associates, P.L.

RECEIVED  
DEPARTMENT OF  
COMMUNITY DEVELOPMENT  
APR 20 2005

**CERTIFICATE OF LIMITED PARTNERSHIP**

1. JUVENILE RESCENCE CENTER OF FLORIDA, LTD  
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")

2. 12 BISCAYNE BOULEVARD, SUITE 703, NORTH MIAMI, FLORIDA 33181  
(Business address of Limited Partnership)

3. Ni... & Associates, P. L.  
(Name of Registered Agent for Service of Process)

4. 28... De Leon Blvd Suite 1160, Coral Gables, FL. 33134  
(Florida street address for Registered Agent)

5. /S/ ... & Associates, P. L.  
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)

6. 120 BISCAYNE BOULEVARD, SUITE 703, North MIAMI, FLORIDA 33181  
(Mailing Address of the Limited Partnership)

7. The date upon which the Limited Partnership is to be dissolved is: PERPETUAL

8. Name of general partner(s):	Street address:
<u>Juvenile ... Management, Inc.</u>	<u>12000 Biscayne Boulevard</u>
<u>105-3447</u>	<u>Suite 703</u>
	<u>North Miami, Florida 33181</u>

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

Signed this 05 day of APRIL, 2005

Signature of general partners:	
<u>[Signature]</u> General Partner	<u>[Signature]</u> General Partner
<u>[Signature]</u> General Partner	<u>[Signature]</u> General Partner
<u>[Signature]</u> General Partner	<u>[Signature]</u> General Partner

STATE OF FLORIDA  
DEPARTMENT OF REVENUE  
TAX SERVICES DIVISION  
APR 11 2005 11:13 AM  
105-3447

**AFFIDAVIT OF CAPITAL CONTRIBUTIONS  
FOR FLORIDA LIMITED PARTNERSHIP**

The undersigned constituting all of the general partners of JUVENILE SCIENCE CENTER OF FLORIDA, LTD

a Florida Limited Partnership, certify:

The amount of capital contributions to date of the limited partners is \$ 15,000.00

The total amount contributed and anticipated to be contributed by the limited partners at this time totals \$ 00,000.00

Signed 10th day of APRIL, 2005

FURTHER AFFIANT SAYETH NOT.

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

[Signature]  
General Partner  
[Signature]  
General Partner  
[Signature]  
General Partner

\_\_\_\_\_  
General Partner  
\_\_\_\_\_  
General Partner  
\_\_\_\_\_  
General Partner

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
REGISTERED SERVICE AGENTS  
407-251-1234