A05000001018

ROBERT PAYNE 954 442 7861 INTERNATIONAL TAX CONSULTANTS, LLC 18244 SW 20TH STREET MIRAMAR FL 33029			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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SECRETARIST OF STATE

CERTIFICATE OF LIMITED PARTNERSHIP

Name of Partnership:

AUGUSTIN FAMILY LIMITED

PARTNERSHIP

Business Address:

612 S. STATE ROAD 7

MARGATE, FL 33068

Name of Registered Agent:

ROBERT E. PAYNE

Address for Registered Agent:

18455 MIRAMAR PARKWAY, SUITE 224

Date

MIRAMAR, FL 33029

I HEREBY ACCEPT THE DESIGNATION AS RESIDENT AGENT FOR THE ABOVE NAMED LIMITED PARTNERSHIP AND AGREE TO ACCEPT SERVICE OF PROCESS FOR THE PARTNERSHIP;

612 S. STATE ROAD 7

MARGATE, FL 33068

Latest Date for Partnership

Mailing Address of Partnership:

to be dissolved is:

JANUARY 1, 2030

Names of General Partners:

1) DUCARMEL AUGUSTIN

612 S, STATE ROAD 7 MARGATE, FL 33068

2) MONIQUE T. AUGUSTIN 612 S. STATE ROAD 7

MARGATE, FL 33068

UNDER PENALTY OF PERJURY, WE DECLARE THAT WE HAVE READ THE FOREGOING AND KNOW THE CONTENTS THEREOF AND THAT THE FACTS STATED HEREIN ARE TRUE AND CORRECT.

ieral Partner

General Partner

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR FLORIDA LIMITED PARTNERSHIP

The undersigned constituting all of the genera	al partners of AUGUSTIN	
FAMILY LIMITED PARTNERSHIP	· · · · · · · · · · · · · · · · · · ·	
a Florida Limited Partnership, certify:		
The amount of capital contributions to date of	the limited partners is \$ 1000	.00
The total amount contributed and anticipated to	to be contributed by the limited	partners at this time
totals \$_1000.00		y•
Signed this 12 day of MAY	,2005	
FURTHER AFFIANT SAYETH NOT.		
Under the penalties of perjury I (we) declare is contents thereof and that the facts stated here		ing and know the
Julius General Partner	General Partner	1/1/
General Partner	General Partner	OS MAY SECRE :/
General Partner	General Partner	ILED 17 PM 2:4 SSEE, FLORII