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J. BRYAN JUN 14 2005



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 424402 11758A

AUTHORIZATION :

COST LIMIT : \$ 140.00

ORDER DATE : June 13, 2005

ORDER TIME : 2:06 PM

ORDER NO. : 424402-005

CUSTOMER NO: 11758A

CUSTOMER: Jeffrey S. Wachs, Esq
Doumar Allsworth Cross
Laystrom Perloff Voigt Wachs M
1177 Southeast Third Avenue

Fort Lauderdale, FL 33316

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TALLAHASSEE, FLORIDA

DOMESTIC FILING

NAME: THE SIMON FAMILY
INVESTMENTS LIMITED
PARTNERSHIP

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
XX CERTIFICATE OF LIMITED PARTNERSHIP
ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan - EXT. 2955

EXAMINER'S INITIALS: _____

CERTIFICATE OF LIMITED PARTNERSHIP

OF

THE SIMON FAMILY INVESTMENTS LIMITED PARTNERSHIP

THE UNDERSIGNED, constituting the General Partners of THE SIMON FAMILY INVESTMENTS LIMITED PARTNERSHIP, a Florida Limited partnership, hereby files its Certificate of Limited Partnership in accordance with Chapter 620, Florida Statutes, as follows:

1. Name of the Partnership: THE SIMON FAMILY
INVESTMENTS LIMITED
PARTNERSHIP
2. The address of the office of the Partnership is.

1801 S.E. 2nd Street
Pompano Beach, FL 33060
3. Name and addresses of the agent for the service
of process on the Partnership is.

JEFFREY S. WACHS, ESQ.
1177 S.E. 3rd Avenue
Fort Lauderdale, FL 33316
4. Name and business address of the General Partners are.

MICHAEL R. SIMON and
JENNIFER S. SIMON
1801 S.E. 2nd Street
Pompano Beach, FL 33060
5. Mailing address of the Partnership is.

THE SIMON
FAMILY INVESTMENTS
LIMITED PARTNERSHIP
c/o MICHAEL R. SIMON and
JENNIFER S. SIMON
General Partners
1801 S.E. 2nd Street
Pompano Beach, FL 33060

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CLERK OF CIRCUIT COURT
PALM BEACH COUNTY, FLORIDA

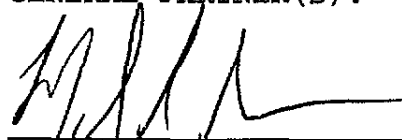
6. Latest date upon which the Partnership will dissolve.

Will be in accordance with Section 620.157
of the Florida Statute, however, no later than
December 31, 2055.

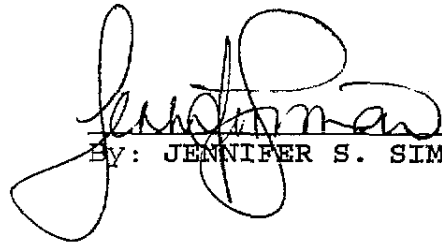
The execution of this Certificate by the undersigned General
Partners constitute an affirmation under penalties of perjury that
the facts stated herein are true.

IN WITNESS WHEREOF, the undersigned have duly executed this
Certificate of Limited Partnership of THE SIMON FAMILY INVESTMENTS
LIMITED PARTNERSHIP, this 26th day May, 2005.

GENERAL PARTNER(S):



By: MICHAEL R. SIMON



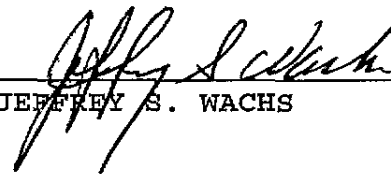
By: JENNIFER S. SIMON

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been named as Registered Agent for THE SIMON FAMILY INVESTMENTS LIMITED PARTNERSHIP, a Florida limited partnership ("Partnership"), in the foregoing Certificate of Limited Partnership, I, on behalf of the Partnership agree to comply with any and all statutes relative to the complete and proper performance of the duties of a registered agent.

REGISTERED AGENT:



JEFFREY S. WACHS

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TALLAHASSEE, FLORIDA

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned authority, personally appeared
MICHAEL R. SIMON AND JENNIFER S. SIMON, the General Partners of THE
SIMON FAMILY INVESTMENTS LIMITED PARTNERSHIP, a Florida limited
partnership, herein referred to as the "Partnership", who, upon
being duly sworn, certified as follows:

1. As of the date hereof, the amount of capital contributions
to the Partnership made by the Limited Partners is as follows:

\$5,000.00

2. The amount of capital contributions anticipated to be
contributed by additional Limited Partners is as follows:

NONE

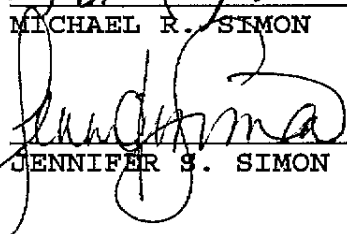
3. Affiant has executed this Affidavit of Capital
Contributions as the duly authorized representative of the General
Partner of said Partnership.

FURTHER AFFIANT SAYETH NOT.

Under penalties of perjury, we declare that we have read the
foregoing and that the facts alleged are true, to the best of our
knowledge and belief.

DATED this 24 day of May, 2005.


MICHAEL R. SIMON


JENNIFER S. SIMON

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OFFICE OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

STATE OF FLORIDA)
 SS:
COUNTY OF BROWARD)

SWORN TO AND SUBSCRIBED before me, the undersigned authority,
by **MICHAEL R. SIMON**, who appeared personally before me and took an
oath, who is personally known to me or who produced _____
_____ day of May, 2005. as identification, on this



Lisa D. Belenson
Commission # DD133915
Expires Aug. 10, 2006
Bonded Thru
Atlantic Bonding Co., Inc.

Lisa D. Belenson
Notary Public, State of Florida
Print Name: Lisa D. Belenson
My Commission Number: DD133915
My Commission Expires: 8/10/06

STATE OF FLORIDA)
 SS:
COUNTY OF BROWARD)

SWORN TO AND SUBSCRIBED before me, the undersigned authority,
by **JENNIFER S. SIMON**, who appeared personally before me and took an
oath, who is personally known to me or who produced _____
_____ day of May, 2005. as identification, on this



Lisa D. Belenson
Commission # DD133915
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