

# **Certificate of Limited Partnership**

**A05000001357**  
**FILED**  
**July 13, 2005**  
**Sec. Of State**  
gharvey

Name of Limited Partnership:

PERFECT MEASUREMENTS OF MARTIN COUNTY, LIMITED  
PARTNERSHIP

Business Address of Limited Partnership:

5607 SW CHEROKEE STREET  
PALM CITY, FL. 34990

Mailing Address of Limited Partnership:

5607 SW CHEROKEE STREET  
PALM CITY, FL. 34990

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

MARY E JORDON  
5607 SW CHEROKEE STREET  
PALM CITY, FL. 34990

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

Registered Agent Signature: MARY ELLEN JORDON

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

DECEMBER 31, 2025

The name and address of all general partners are:

Title: G  
MARY E JORDON  
5607 SW CHEROKEE STREET  
PALM CITY, FL. 34990

Title: G  
CHRISTINE SCACCHIA  
1567 SW SHADY LAKE TERRACE  
PALM CITY, FL. 34990

The effective date for this Limited Partnership shall be:

07/13/2005

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

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The undersigned constituting all of the general partners of:

PERFECT MEASUREMENTS OF MARTIN COUNTY, LIMITED  
PARTNERSHIP

a Florida Limited Partnership, certify:

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

0.00

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

5,000.00

Signed this Thirteenth day of July, 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: MARY ELLEN JORDON

General Partner Signature: CHRISTINE SCACCHIA