

Certificate of Limited Partnership

A05000001462
FILED
July 25, 2005
Sec. Of State
gharvey

Name of Limited Partnership:

SHAMMS FAMILY LIMITED PARTNERSHIP

Business Address of Limited Partnership:

994 WATERFORD POINT DR
PORT ORANGE,, FL. 32127

Mailing Address of Limited Partnership:

994 WATERFORD POINT DR
PORT ORANGE,, FL. 32127

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

MONA KORAKLI
994 WATERFORD POINT DR
PORT ORANGE, FL. 32127

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

Registered Agent Signature: MONA KORAKLI

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

12/31/2099

The name and address of all general partners are:

Title: G
MONA KORAKLI
994 WATERFORD POINT DR
PORT ORANGE, FL. 32127

The effective date for this Limited Partnership shall be:

07/27/2005

Affidavit of Capital Contributions For Florida Limited Partnership

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The undersigned constituting all of the general partners of:
SHAMMS FAMILY LIMITED PARTNERSHIP

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:
500.00

Signed this Twenty Fifth 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: MONA KORAKLI