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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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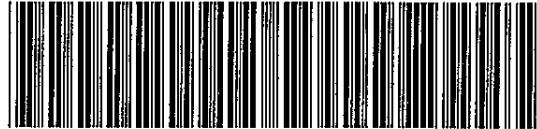
(Business Entity Name)

(Document Number)

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N. Culligan AUG 19 2005

2500 N. Military Trail # 260, Boca Raton, Florida 33431
Tel (561) 953-1050 • Fax (561) 953-1940

**Goldstein, Levy &
Helmer, PA**

August 15, 2005

Registration Section
Divisions of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: SPHENOID CAPITAL MANAGEMENT LIMITED

We are enclosing a check in the amount of \$87.50 as filing fees for the Florida Limited Partnership. The Transmittal Letter and Articles of Incorporation are filled out and signed, as is the Certificate of Limited Partnership.

All correspondence should be through our office. Thank you.

Sincerely,

Barbara P. Schwartz

Barbara P. Schwartz

CERTIFICATE OF LIMITED PARTNERSHIP

1. SPHENOID CAPITAL MANAGEMENT LIMITED
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")
2. 600 Newport Drive, Indialantic, FL 32903
(Business address of Limited Partnership)
3. Jorge Salazar
(Name of Registered Agent for Service of Process)
4. 600 Newport Drive, Indialantic, FL 32903
(Florida street address for Registered Agent)
5. _____
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)
6. 600 Newport Drive, Indialantic, FL 32903
(Mailing Address of the Limited Partnership)

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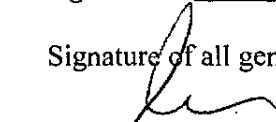

7. The latest date upon which the Limited Partnership is to be dissolved is: 12/31/2006
8. Name(s) of general partner(s): _____ Street address: _____

<u>Jorge Salazar</u>	<u>600 Newport Drive</u>
<u>Jacqueline Salazar</u>	<u>Indialantic, FL 32903</u>
_____	_____

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

Signed this 9th day of August, 2005

Signature of all general partners:


General Partner

General Partner

General Partner

General Partner

General Partner

General Partner

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

The undersigned constituting all of the general partners of _____
SPHENOID CAPITAL MANAGEMENT LIMITED _____,

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 be contributed by the limited partners at this time
totals \$ 1000.00.

Signed this 9th day of August, 2005.

FURTHER AFFIANT SAYETH NOT.

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



General Partner
Jacquelin A Salazar
General Partner

General Partner

General Partner

General Partner

General Partner

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