

Certificate of Limited Partnership

A05000001759
FILED
September 16, 2005
Sec. Of State
dcushing

Name of Limited Partnership:

CHARMIRA FAMILY LIMITED PARTNERSHIP

Business Address of Limited Partnership:

P. O. BOX 1628
HIGHLAND CITY, FL. 33846

Mailing Address of Limited Partnership:

P. O. BOX 1628
HIGHLAND CITY, FL. 33846

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

SUNSHINE STRATEGIES LLC
8706 MAPLE LAKE PLACE
TAMPA, FL. 33635

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

Registered Agent Signature: ARMANDO GARCHITORENA REMO, JR.

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

09/15/2055

The name and address of all general partners are:

Title: G
CHARLENE A SANTOS
P. O. BOX 1628
HIGHLAND CITY, FL. 33846

Title: G
MICHELLE A SANTOS
P. O. BOX 1628
HIGHLAND CITY, FL. 33846

Title: G
RACHELLE A SANTOS
P. O. BOX 1628
HIGHLAND CITY, FL. 33846

Title: G
RESURRECCION A SANTOS
P. O. BOX 1628
HIGHLAND CITY, FL. 33846

Title: G
MEDARDO Q SANTOS
P. O. BOX 1628
HIGHLAND CITY, FL. 33846

The effective date for this Limited Partnership shall be:

09/16/2005

Affidavit of Capital Contributions For Florida Limited Partnership

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

a Florida Limited Partnership, certify:

The amount of capital contributions to date of the limited partners is:
1,000.00

The total amount contributed and anticipated to be contributed by the
limited partners at this time totals:
10,000.00

Signed this Sixteenth day of September, 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: CHARLENE A. SANTOS

General Partner Signature: MICHELLE A. SANTOS

General Partner Signature: RACHELLE A. SANTOS

General Partner Signature: RESURRECCION A. SANTOS

General Partner Signature: MEDARDO Q. SANTOS