

## **Certificate of Limited Partnership**

**A05000001848**  
**FILED**  
**September 30, 2005**  
**Sec. Of State**  
gharvey

Name of Limited Partnership:

QUALITY RELOCATION MANAGEMENT SERVICES, LTD.

Business Address of Limited Partnership:

5450 SOUTH STATE RD. 7  
# 39  
HOLLYWOOD, FL. 33314

Mailing Address of Limited Partnership:

5450 SOUTH STATE RD. 7  
# 39  
HOLLYWOOD, FL. 33314

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

CSANAD BUCZO  
5450 SOUTH STATE ROAD 7  
# 39  
HOLLYWOOD, FL. 33314

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

Registered Agent Signature: CSANAD BUCZO

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

09/30/2006

The name and address of all general partners are:

Title: G  
CSANAD BUCZO  
5450 SOUTH STATE RD. 7 # 39  
HOLLYWOOD, FL. 33314

Title: G  
TALI MASKALIK  
5450 SOUTH STATE RD. 7  
HOLLYWOOD, FL. 33314 US

The effective date for this Limited Partnership shall be:

10/01/2005

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

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The undersigned constituting all of the general partners of:  
QUALITY RELOCATION MANAGEMENT SERVICES, LTD.

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:  
0.00

Signed this Thirtieth 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: CSANAD BUCZO

General Partner Signature: TALI MASKALIK