

A05000002091

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

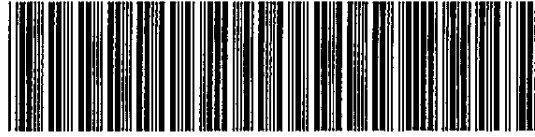
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

[Handwritten signature]
Office Use Only



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11/17/05 09:44:00 AM *5190105

FILED
05 NOV 17 PM 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
05 NOV 17 PM 12:12
CORPORATIONS
TALLAHASSEE, FLORIDA

ATTORNEYS' TITLE

Requestor's Name

1965 Capital Circle NE, Suite A

Address

Tallahassee, Fl 32308

850-222-2785

City/St/Zip

Phone #

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

- 1- CARISHOCA, LTD.
- 2- _____
- 3- _____
- 4- _____

- Walk-in
- Pick-up time ASAP
- Certified Copy
- Mail-out
- Will wait
- Photocopy
- Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input checked="" type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

CERTIFICATE OF LIMITED PARTNERSHIP OF
CARISHOCA, LTD.,

a Florida limited partnership

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned General Partner, desiring to form a limited partnership pursuant to the Florida Revised Uniform Limited Partnership Act of 2005, hereby states:

1. The name of the Partnership is CARISHOCA, LTD.
2. The address of the office of the Partnership is 2900 University Drive, Coral Springs, Florida 33065.
3. The name and address of the agent for service of process on the Partnership is AMERA BROWARD CENTRAL, INC., a Florida corporation, 2900 University Drive, Coral Springs, Florida 33065.
4. The name and business address of the sole general partner is AMERA BROWARD CENTRAL, INC., a Florida corporation, 2900 University Drive, Coral Springs, Florida 33065.
5. The mailing address of the Partnership is 2900 University Drive, Coral Springs, Florida 33065.
03060094445
6. The latest date upon which the Partnership will dissolve is December 31, 2080.

The execution of this certificate by the undersigned General Partner constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

IN WITNESS WHEREOF, this Certificate of Limited Partnership has been executed on behalf of the sole General Partner of CARISHOCA, LTD., this 14th day of November, 2005.

GENERAL PARTNER:

AMERA BROWARD CENTRAL,
INC., a Florida corporation

By: 
George R. Rhael, President

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

STATE OF FLORIDA

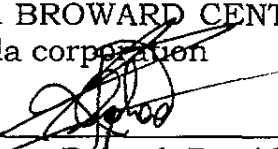
COUNTY OF BROWARD

BEFORE ME, the undersigned authority, personally appeared GEORGE RAHAEL, President of AMERA BROWARD CENTRAL, INC., a Florida corporation, the sole General Partner of CARISHOCA, LTD. (the "Partnership"), who, upon being duly sworn, certifies as follows:

1. The amount of capital contributions to the Partnership made by the limited partners is, in the aggregate, Seven Thousand Five Hundred and 00/100 (\$7,500.00) Dollars.
2. At this time, it is not anticipated that additional capital contributions will be made by the limited partners.

Under penalties of perjury I declare that I have read the foregoing and that the facts alleged are true, to the best of my knowledge and belief.

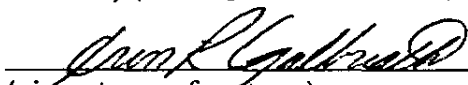
AMERA BROWARD CENTRAL, INC.,
a Florida corporation

By: 
George Rahael, President

Date: November 14th, 2005

BEFORE ME, the undersigned officer, a Notary Public authorized to administer oaths and to take acknowledgments in and for the State and County set forth above, personally appeared GEORGE RAHAEL, President of AMERA BROWARD CENTRAL, INC., a Florida corporation, personally known to me and known by me to be the person who executed the foregoing Affidavit of Capital Contributions, and he acknowledged to me and before me that he executed this Affidavit as President of AMERA BROWARD CENTRAL, INC., a Florida corporation, sole General Partner of CARISHOCA, LTD.

IN WITNESS WHEREOF, I have set my hand and affixed my official seal in the State and County aforesaid, this 14th day of November, 2005.


(signature of notary)

(printed name of notary)
Notary Public, State of Florida



Erin R. Galbreath
MY COMMISSION # DD205039 EXPIRES
April 21, 2007
BONDED THRU TROY FAIN INSURANCE, INC.

My commission expires:

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been named as statutory registered agent for CARISHOCA, LTD., a Florida limited partnership (the "Partnership"), in the foregoing Certificate of Limited Partnership, the undersigned hereby agrees to act in that capacity, and, on behalf of the Partnership, to accept service of process for the Partnership and to comply with any and all statutes relative to the complete and proper performance of the duties of registered agent.

REGISTERED AGENT:

AMERA BROWARD CENTRAL, INC.,
a Florida corporation

By: 

George Rahael, President