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TRANSMISSION REPORT

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Division of Corporations

**Florida Department of State
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To: Division of Corporations
Fax Number : (850) 205-0183

From: Account Name : BRENNAN, MANNA & DIAMOND, P.L.
Account Number : 120040000104
Phone : (904) 366-1500
Fax Number : (904) 366-1501

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05 DEC -8 AM 10:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA LIMITED PARTNERSHIP

The Naz Investment Group, LP LTD.

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$1,846.25

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ID:BMD-FLORIDA

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850-205-0381

11/30/2005 10:05

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Florida Dept of State



November 30, 2005

FLORIDA DEPARTMENT OF STATE
Division of Corporations

BRENNAN MANNA & DIAMOND, PL

SUBJECT: THE NAZ INVESTMENT GROUP, LP
REF: W05000052900

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You must add a limited partnership suffix to the name, such as LTD., LIMITED, or LIMITED PARTNERSHIP.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas
Document Specialist

FAX Aud. #: H050000273148
Letter Number: 705A00069677

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DIVISION OF CORPORATION

P.O BOX 6327 - Tallahassee, Florida 32314

LOCATION:850-205-0381

RX TIME 11/30 '05 11:03

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**CERTIFICATE OF LIMITED PARTNERSHIP AND
AFFIDAVIT OF CAPITAL CONTRIBUTIONS OF
THE NAZ INVESTMENT GROUP, LTD.**

This Certificate of Limited Partnership is made and entered into this 29th day of October, 2005, by and between **MICHAEL A. VENAZIO**, as the general partner (hereinafter, the "General Partner"), and the limited partners (hereinafter, the "Limited Partners"), whereby the parties hereto agree to form a limited partnership pursuant to Chapter 620 of the Florida Statutes and do hereby swear, affirm and certify as follows:

1. The name of the limited partnership is: **THE NAZ INVESTMENT GROUP, LTD.** (the "Partnership").
2. The purpose of the Partnership is to engage in any lawful act or activity in which a partnership with or without limited partners may engage, including, without limitation, any and all phases of the business of owning, holding, managing, controlling, acquiring, purchasing, disposing of, or otherwise dealing in or with any interests or rights in any real or personal property, directly or through one or more other limited partnerships, limited liability companies or other entities or arrangements. The Partnership shall be entitled to make its investments within the State of Florida or within any other state which the General Partner deems appropriate.
3. The principal place of business and mailing address of the Partnership is: c/o Michael A. Venazio, 557 Cross Creek Circle, Sebastian, Florida 32958.
4. The name and business address of the General Partner is: **MICHAEL A. VENAZIO**, 557 Cross Creek Circle, Sebastian, Florida 32958.
5. The name and address of the agent for service of process for the Partnership shall be Brennan, Manna & Diamond, P.L., 76 South Laura Street, Suite 2110, Jacksonville, Florida 32202.
6. The Partnership's existence shall commence on the date the Certificate of Limited Partnership is filed with the Secretary of State of Florida and shall continue for fifty (50) years, unless sooner terminated by law or as provided in the Partnership Agreement.

Under the penalty of perjury, I declare that I have read the foregoing and acknowledge that the contents hereof and the facts stated herein are true and correct.

GENERAL PARTNER:



MICHAEL A. VENAZIO

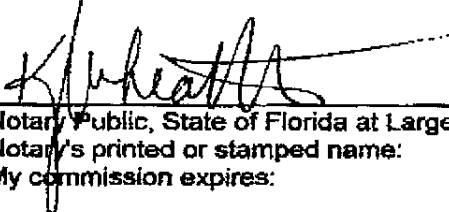
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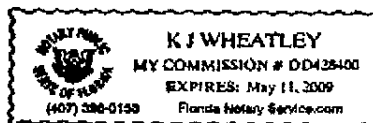
STATE OF FLORIDA)

COUNTY OF INDIAN RIVER)

The foregoing Certificate of Limited Partnership was acknowledged before me this 29th day of October, 2005, by **MICHAEL A. VENAZIO** ☒ who is personally known to me or ☐ who has produced _____ as identification, and who acknowledged that he signed such instrument of his own free will.



Notary Public, State of Florida at Large
Notary's printed or stamped name:
My commission expires:



SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ACKNOWLEDGMENT BY REGISTERED AGENT

Having been named to accept service of process for the above stated Partnership at the place designated in this Certificate of Limited Partnership, and being familiar with the duties and responsibilities of serving as registered agent for said Partnership, the undersigned hereby agrees to act in this capacity and to comply with the provisions of said laws.

BRENNAN, MANNA & DIAMOND, P.L.



Randal C. Fairbanks, Member

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TALLAHASSEE, FLORIDA

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Schedule "A"
AFFIDAVIT OF CAPITAL CONTRIBUTIONS

STATE OF FLORIDA)
COUNTY OF INDIAN RIVER)

The undersigned constituting the General Partner of **THE NAZ INVESTMENT GROUP, LTD.** hereby certifies:

The aggregate amount of capital contributions made to the Partnership to date totals \$250,000.00 and no additional contributions are currently anticipated.

Under the penalty of perjury, I declare that I have read the foregoing and acknowledge that the contents hereof and the facts stated herein are true and correct.

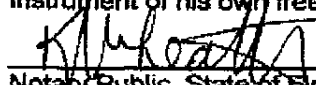
GENERAL PARTNER:


MICHAEL A. VENAZIO

05 DEC - 8 AM 10:21
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF FLORIDA)
COUNTY OF INDIAN RIVER)

The foregoing Certificate of Limited Partnership was acknowledged before me this 8 day of October, 2005, by **MICHAEL A. VENAZIO** ☒ who is personally known to me or ☐ who has produced _____ as identification, and who acknowledged that he signed such instrument of his own free will.


Notary Public, State of Florida at Large
Notary's printed or stamped name:
My commission expires:



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