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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)205-0383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

FLORIDA/FOREIGN LP/LLP

s.s.e. family limited ^{partnership} partnership

Certificate of Status	0
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Estimated Charge	\$1,052.50

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(1)

**CERTIFICATE OF LIMITED PARTNERSHIP
FOR
FLORIDA LIMITED PARTNERSHIP
OR
LIMITED LIABILITY LIMITED PARTNERSHIP**

1. S.S.E. FAMILY LIMITED PARTNERSHIP

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)
Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.
Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P.,
or LLLP.

2. 16601 NE 19TH AVENUE

(Street address of initial designated office)

NORTH MIAMI BEACH, FL 33162

3. RICHARD S. FRIEFELD, M.D.

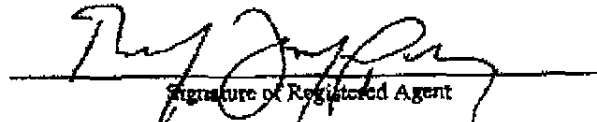
(Name of Registered Agent for Service of Process)

4. 16601 NE 19TH AVENUE

(Florida street address for Registered Agent)

NORTH MIAMI BEACH, FL 33162

5. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


Signature of Registered Agent

6. 16601 NE 19TH AVENUE

(Mailing address of initial designated office)

NORTH MIAMI BEACH, FL 33162

7. If limited partnership elects to be a limited liability limited partnership, check box ☒

06 JAN 31 AM 8:39
TALLAHASSEE, FLORIDA

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8. Name and business address of each general partner:

Name:

Business Address:

RICHARD S. FRIEFLED, M.D

16601 NE 19TH AVENUE

NORTH MIAMI BEACH, FL 33162


_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

9. Effective date, if other than the date of filing: _____

(Effective date cannot be prior to nor more than 90 days after the date the document is filed by the Florida Department of State.)

Signed this 30th day of January, 2006

Signature of each general partner:

	_____
_____	_____
_____	_____

Filing Fees:

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75

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