

**A06000000399**

Florida Department of State  
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From:

Account Name : CORPORATION SERVICE COMPANY  
Account Number : I20000000195  
Phone : (850)521-1000  
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**FLORIDA/FOREIGN LP/LLP**

**M & S FAMILY INVESTMENTS, LTD.**

Certificate of Status	0
Certified Copy	1
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STATE  
TALLAHASSEE, FLORIDA

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**CERTIFICATE OF LIMITED PARTNERSHIP OF  
M & S FAMILY INVESTMENTS, LTD.  
(a Florida limited partnership)**

Pursuant to the provisions of Section 620.108 of the Florida Statutes, the undersigned, being the sole General Partner of **M & S FAMILY INVESTMENTS, LTD.**, hereby duly executes and files with the Florida Secretary of State this Certificate of Limited Partnership.

1. The name of the limited partnership is "**M & S FAMILY INVESTMENTS, LTD.**" (the "**Limited Partnership**").
2. The street address of the Limited Partnership's initial registered office in the State of Florida is 1550 Sawgrass Corporate Parkway, Suite 230, Fort Lauderdale, Florida 33323, and the name of its initial registered agent at such office is Kevin M. Watson.
3. The name of the Limited Partnership's sole general partner is **M & S MANAGEMENT GP, INC.**, and the business address of such general partner is 1550 Sawgrass Corporate Parkway, Suite 230, Fort Lauderdale, Florida 33323. *PO BOX 29727*
4. The mailing address of the Limited Partnership is 1550 Sawgrass Corporate Parkway, Suite 230, Fort Lauderdale, Florida 33323.
5. The latest date on which the Limited Partnership is to dissolve is December 31, 2060.

The sole General Partner of **M & S FAMILY INVESTMENTS, LTD.** has executed the foregoing Certificate of Limited Partnership on this 31 day of January, 2006 in accordance with Section 620.114 of the Florida Statutes.

**M & S MANAGEMENT GP, INC.**, a Florida corporation, General Partner

By:   
**KEVIN M. WATSON**, President

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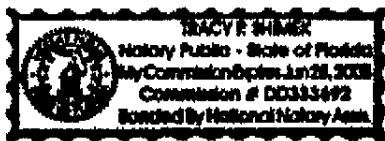
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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STATE OF FLORIDA )  
 ) SS:  
COUNTY OF BROWARD )

The foregoing instrument was acknowledged before me this 14<sup>th</sup> day of February, 2006 by **KEVIN M. WATSON**, who personally appeared before me, and ☒ is personally known to me or ☐ produced \_\_\_\_\_ as identification.



Notary (sign name) Tracy P. Shiner  
Print Name: Tracy P. Shiner  
Notary Public, State of: Florida  
My commission expires: June 28, 2008

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AND  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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### Acceptance of Appointment of Registered Agent

Having been named the statutory registered agent of M & S FAMILY INVESTMENTS, LTD., at the place designated in the foregoing Certificate of Limited Partnership of M & S FAMILY INVESTMENTS, LTD., I hereby accept such designation and confirm that I am familiar with and agree to accept the obligations imposed by §620.192 of the Florida Statutes and I agree to comply with the provisions of Florida Law relative to keeping the registered office open.

**KEVIN M. WATSON, Registered Agent**

Date: 1/31/06

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