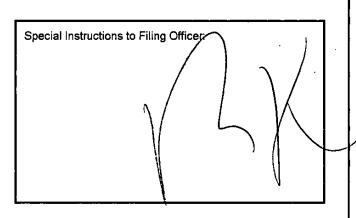
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	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-U	P WAIT MAIL	
	(Business Entity Name)	
(Document Number)		
Certified Copies	Certificates of Status	



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CRETARY OF STATE



ION SERVICE COMPANY.
ACCOUNT NO.: 072100000032
REFERENCE: 629455 7353719
AUTHORIZATION: Smell Ble many
COST LIMIT : \$1061.25
ORDER DATE: November 29, 2006
ORDER TIME : 9:55 AM
ORDER NO. : 629455-005
CUSTOMER NO: 7353719
DOMESTIC FILING
NAME: NHW INVESTMENT HOLDINGS, L.P.
EFFECTIVE DATE:
ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
XX CERTIFIED COPY PLAIN STAMPED COPY XX CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Doreen Wallace - EXT. 2928
EXAMINER'S INITIALS:



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 30, 2006

DOREEN WALLACE CSC TALLAHASSEE, FL

SUBJECT: NHW INVESTMENT HOLDINGS, L.P.

Ref. Number: W06000051983

We have received your document for NHW INVESTMENT HOLDINGS, L.P. and the authorization to debit your account in the amount of \$1061.25. However, the document has not been filed and is being returned for the following:

Before this limited partnership can be filed, its corporate general partner -- E.P. CASEY, INC. -- will have to be reinstated. The total required to reinstate this corporation would be \$1,350.00.

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) 245-6914.

Buck Kohr Document Specialist

Letter Number: 306A00069063





CERTIFICATE OF LIMITED PARTNERSHIP FOR FLORIDA LIMITED PARTNERSHIP OR LIMITED LIABILITY 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.			
3. E. Paul Casey			
(Name of Registered Agent for Service of Process)			
330 South Beach Road, Hobe Sound, FL 33455			
(Florida street address for Registered Agent)			
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 an accept the obligations of my position as registered agent. By: Signature of Registered Agent 6. 330 South Beach Road, Hobe Sound, FL 33455			
(Mailing address of initial designated office)			
7. If limited partnership elects to be a limited liability limited partnership, check box			

8. Name and business address of ean Name:	Business Address:
E. Paul Casey	330 South Beach Road
	Hobe Sound, FL 33455
	·
	· · · · · · · · · · · · · · · · · · ·
	
D. Effective date, if other than the date of	filing:
Effective date cannot be prior to no iled by the Florida Department of L	or more than 90 days after the date the document is State.)
Signed this day o	of November 2006
Signature of each general partner:	the lader
	By: E. Paul Casey, President
Filing Fees: Certified Copy (optional): Certificate of Status (optional):	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) \$52.50 \$8.75 Page 2 of 2