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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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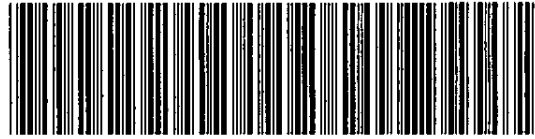
(Business Entity Name)

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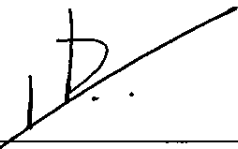
EXAMINER

CERTIFICATE OF LIMITED PARTNERSHIP
OF

1. DA SILVA HERNANDEZ FAMILY LIMITED PARTNERSHIP
(Name of Limited Partnership; must contain a suffix such as "Limited", "LTD",
or "Limited Partnership")
2. 11321 NW 79 LN., MIAMI, FLORIDA 33178
(Business Address of Limited Partnership)
3. YVETTE PESTANO
(Name of Registered Agent for Serviced of Process)
4. 7758 NW 44 ST., SUNRISE, FLORIDA 33351
(Florida Street Address for Registered Agent)
5. 
(Registered Agent Must sign to accept designation as Registered Agent for
Service of Process)
6. 11321 NW 79 LN., MIAMI, FLORIDA 33178
(Mailing address of the Limited Partnership)
7. The latest date at which the Limited Partnership is to be dissolved is:
January 2, 2033
8. Name Of General Partner (s): Specific Address:
9. ANTONIO J. DA SILVA HERNANDEZ 11321 NW 79 LN.,
MIAMI, FL. 33178

Signed this 29 day of August, 2008.

Signature of all general partners:



ANTONIO J. DA SILVA HERNANDEZ, GENERAL PARTNER

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