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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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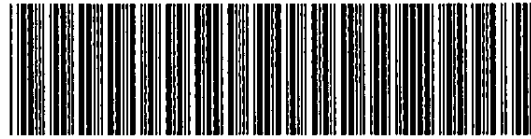
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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**MICHAEL D. TANNENBAUM**

*Attorney at Law*

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WEST PALM BEACH, FLORIDA 33409

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FAX (561) 683-7551

February 14, 2013

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**RE: Sohn Associates, Ltd.**

Dear Sir or Madam:

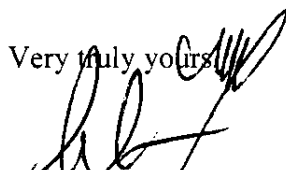
Enclosed please find the following documents:

1. Original and one copy of the Certificate of Limited Partnership of Sohn Associates, Ltd.
2. Check in the amount of \$1,052.50 for the filing fee and a certified copy.
3. Cover letter.
4. Self-addressed stamped envelope.

Kindly file the above document and return the certified copy in the envelope provided.

Thank you for your cooperation in this matter. If you have any questions, please contact me.

Very truly yours,



MICHAEL D. TANNENBAUM

MDT/pr  
Enclosures

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**CERTIFICATE OF LIMITED PARTNERSHIP**  
**OF**  
**SOHN ASSOCIATES, LTD.**

The undersigned general partner desiring to form a limited partnership pursuant to the Florida Revised Uniform Limited Partnership Act (Florida Statutes Chapter 620) hereby states as follows:

**ARTICLE I**  
**NAME**

The name of the limited partnership formed hereby is SOHN ASSOCIATES,

**ARTICLE II**  
**ADDRESS**

The mailing address and street address of the initial designated office is 11613 SOUTH BREEZE PLACE, WELLINGTON, FL 33449.

**ARTICLE III**  
**REGISTERED AGENT AND REGISTERED OFFICE**

The name and the Florida 11613 South Breeze Place of the registered agent and registered office of the partnership is KENNETH SOHN, 11613 SOUTH BREEZE PLACE, WELLINGTON, FL 33449.

**ARTICLE IV**  
**GENERAL PARTNERS**

The name and business address of each general partner:

Name

KENNETH SOHN

Business Address

11613 SOUTH BREEZE PLACE  
WELLINGTON, FL 33449

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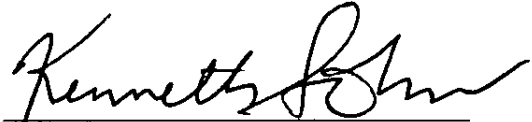
MICHELLE SEWING-SOHN

11613 SOUTH BREEZE PLACE  
WELLINGTON, FL 33449

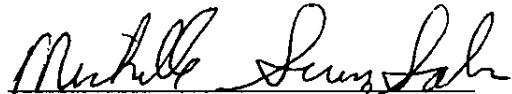
IN WITNESS WHEREOF, the undersigned executed this Certificate of Limited Partnership on February 14, 2013.

The undersigned submit this document and affirm that the facts stated herein are true. The undersigned is aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in Section 817.155, Florida Statutes.

GENERAL PARTNERS



KENNETH SOHN



MICHELLE SEWING-SOHN

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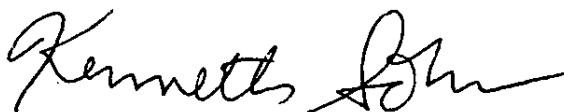
**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT AND REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 620.1114 OF THE FLORIDA STATUTES, THE UNDERSIGNED LIMITED PARTNERSHIP SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED AGENT AND REGISTERED OFFICE IN THE STATE OF FLORIDA.

1. The name of the limited partnership is SOHN ASSOCIATES, LTD.
2. The name and Florida street address of the registered agent and office are:

KENNETH SOHN  
11613 SOUTH BREEZE PLACE  
WELLINGTON, FL 33449

*Having been named as registered agent and to accept service of process for the above stated limited partnership at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided in Chapter 620, F.S.*



KENNETH SOHN

February 14, 2013

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