LAW OFFICES

FAZIO, DAWSON, DISALVO, CANNON, ABERS & PODRECCA

633 South Andrews Avenue
P.O. Box 14810
Fort Lauderdale, Florida 33302

A95000000027

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Personal Injury • Wrongful Death • Trial Practice
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LARRY FELLER
Investigator/Paralegal
SONNY EDGER
Legal Assistant

December 22, 1994

VIA FEDERAL EXPRESS
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Enclosed please find a Certificate of Limited Partnership, Affidavit of Capital Contribution, an original Limited Partnership Agreement and also a check in the appropriate amount to cover the statutory fees.

Please make sure this is filed before the end of December, 1994 and returned to me. If you have any questions, please contact me at the above number or you can contact the general partner at 305-564-3198. -Dan Fligelman

If you have any difficulty or problem filing this before the end of December, please advise me so I can take whatever steps necessary to have this filed on time.

Thank you for your cooperation in this regard.

Very truly yours,

JEFF S. ABERS

JSA/lls
Encls.

FILED
DEC 22 PM 2:41

1/5/95 Dcc

Enclosed is check to include $1,750 plus $35 reg. agent plus $8.75 for certificate.

A95000000027

CERTIFICATE OF LIMITED PARTNERSHIP
OF

1. Fligelman Limited Partnership
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")

2. 3550 Galt Ocean Drive #211 Ft. Laud., FL. 33308
(The Business Address of Limited Partnership)

3. Daniel L. Fligelman
(Name of Registered Agent for Service of Process)

4. 3550 Galt Ocean Dr. #211 Ft. Laud., FL. 33308
(Florida Street Address for Registered Agent)

5. See signature on second page
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process.)

6. 3550 Galt Ocean Dr. #211 Ft. Laud., FL. 33308
(The Mailing Address of the Limited Partnership.)

7. The latest date upon which the Limited Partnership is to be dissolved is December 31, 2026

8. NAME OF GENERAL PARTNER(S) — SPECIFIC ADDRESS

Daniel L. Fligelman	3550 Galt Ocean Dr. #211 Ftlaud., FL 33308
Beatrice Fligelman	3550 Galt Ocean Dr. #211 Ft. Laud, FL. 33308

Signed this 21st day of December, 1994.
Signature of all general partners:

General Partner and registered agent

General Partner

General Partner

General Partner

General Partner

FILED
94 DEC 27 PM 2:41

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned constituting all of the general partners of Fligelman Limited Partnership, a Florida Limited Partnership, certify as follows:

The amount of capital contributions to date of the limited partners is $ 400,000.

The total amount contributed and anticipated to be contributed by the limited partners at this time totals $ _____.

This 21st day of December, 19 94

FURTHER AFFIANT SAYETH NOT.

Under the penalties of perjury I (we) declare that I(we) have read the foregoing and that the facts alleged are ture, to the best of my knowledge and belief.

FILED
94 DEC 27 PM 2:41

General Partner

General Parnter

General Partner

General Partner

General Partner

General Partner

2ND NOTICE: 60 DAYS NOTICE OF INTENT TO REVOKE
THIS LIMITED PARTNERSHIP WILL BE REVOKED IF REPORT IS NOT FILED BY APRIL 12, 1995

LIMITED PARTNERSHIP ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 13 AM 3:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT #
A95000000027

FLIGELMAN LIMITED PARTNERSHIP

DO NOT WRITE IN THIS SPACE

Mailing Address	Principal Office Address
3550 GALT OCEAN DRIVE #211 FT LAUDERDALE FL 33300	3550 GALT OCEAN DRIVE #211 FT LAUDERDALE FL 33300

2. New Mailing Address, If Applicable
Suite, Apt. #, etc.
City, State & Zip

2a. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City, State & Zip

If above addresses are incorrect in any way, write through the incorrect information and enter correct address in Block 2 and/or 2a.

3. Date Registered to Do Business in FLORIDA	3a. Date of Last Report	4. State or Country of Formation
12/27/1994		FL

5a. Capital Contributions as Shown on Record	5b. Amount of Capital contribution in FLORIDA to date	6. FEI Number		7.
$400,000.00		Applied For.	Applied For / Not Applicable	$8.75 Additional Fee required for a Certificate of Status ☐

8. THE BASIC ANNUAL REPORT FILING FEE IS FIGURED AT THE RATE OF $7.00 PER THOUSAND ON THE ACTUAL CAPITAL CONTRIBUTION PLUS A SUPPLEMENTAL FEE OF $138.75 PURSUANT TO s.607.193, FLORIDA STATUTES. THE FEES SHALL BE NO LESS THAN $191.25 ($52.50 + $138.75) AND NO MORE THAN $576.25 ($437.50 + $138.75). For questions concerning fees, please call (904) 487-6056.
Please submit your 1995 annual report with a check payable to the Department of State in U.S. funds through a U.S. bank.

9. Name and Address of Current Registered Agent

FLIGELMAN, DANIEL L
3550 GALT OCEAN DR., #211
FT LAUDERDALE FL 33308

10. If changed, new registered agent/office
Name
Street Address (P.O. Box Number Is Not Acceptable)
Suite, Apt. #, etc.
City FL Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) ____________ DATE ____________

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Names of General Partner(s)	11a. Address of Each General Partner(s) (Do NOT Use Post Office Box Numbers)	11b. City and State	11c. Registration Document Number
FLIGELMAN, DANIEL L	3550 GALT OCEAN DR.,	FT LAUDERDALE FL	
FLIGELMAN, BETRICE	3550 GALT OCEAN DR.,	FT LAUDERDALE FL	

200001456882
-04/14/95--01063--011
****576.25 ****576.25

CR2E003 (11/94)

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability for non-compliance with Section 119.07(3)(i). In the event that the information supplied is deemed exempt from public access, I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE [signature] DATE 4/8/95

Typed or Printed Name of General Partner Signing Form: DANIEL L. FLIGELMAN

Telephone Number: 305 564-3198

0002758

FILE ON OR BEFORE DECEMBER 31, 1995 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND $500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 FEB -7 AM 10:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT # A95000000027

FLIGELMAN LIMITED PARTNERSHIP

DO NOT WRITE IN THIS SPACE

Mailing Address	Principal Office Address
3550 GALT OCEAN DRIVE, #211 FT LAUDERDALE FL 33308	3550 GALT OCEAN DRIVE, #211 FT LAUDERDALE FL 33308

If above addresses are incorrect in any way, line through the incorrect information and enter correct address in Block 2 and/or 2a

2. New Mailing Address, If Applicable
Suite, Apt. #, etc.
City, State & Zip
2a. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City, State & Zip

3. Date Formed or Registered to Do Business in FLORIDA	3a. Date of Last Report	4. State or Country of Formation
12/27/1994	04/16/1995	FL

5a. Capital Contributions as Shown on Record	5b. Amount of Capital Contributions in FLORIDA to date	6. FEI Number	7. CERTIFICATE OF STATUS REQUIRED
$400,000.00		APPLIED FOR	Applied For ☐ Not Applicable ☐ $8.75 Additional Fee required for a Certificate of Status

8. FEES: 1.) Filing Fee: Computed at a rate of $7 per $1,000 on amount entered in 5b or 5a if 5b blank, with a minimum filing fee of $52.50 and a maximum of $437.50
2.) Supplemental Fee: $138.75 (pursuant to section 607.193, F.S.)
THE AMOUNT DUE SHALL BE NO LESS THAN $191.25 ($52.50 + $138.75) AND NO MORE THAN $576.25 ($437.50 + $138.75)
Note: If the amount entered in 5b is greater than amount entered in 5a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.
MAKE CHECK PAYABLE TO FLORIDA DEPT. OF STATE

OK 2-7

9. Name and Address of Current Registered Agent	10. If changed, new Registered Agent/Office
FLIGELMAN, DANIEL L 3550 GALT OCEAN DR., #211 FT LAUDERDALE FL 33308	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City — Zip Code: FL

000001 710086
02/07/96 01025 006
****576.25 ****576.25

10a. Pursuant to the provisions of sections 620.1051 and 620.102, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.102, Florida Statutes.

SIGNATURE: (Registered Agent Accepting Appointment) _____ DATE _____

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
FLIGELMAN, DANIEL L	3550 GALT OCEAN DR.,	FT LAUDERDALE FL 3330	
FLIGELMAN, BETRICE	3550 GALT OCEAN DR.,	FT LAUDERDALE FL 3330	

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath; that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE Daniel L. Fligelman DATE 12/10/95

Typed or Printed Name of General Partner Signing Form DANIEL L. FLIGELMAN Telephone Number 305-567-3198

CR2E003 (6/95)

0006517