

STATE OF FLORIDA
CERTIFICATE OF LIMITED PARTNERSHIP

THIS CERTIFICATE IS PRESENTED FOR FILING PURSUANT TO CHAPTER 620
OF FLORIDA STATUTES:

1. The name of the limited partnership is: **MELSU PROPERTIES LIMITED.**
2. The street address of the office and the mailing address of the partnership in Florida is: **3666 Klebba Drive, Coconut Grove, FL 33133.**
3. The name and street address of the Agent for Service of Process is: **MELVYN D. RIFF, at 3666 Klebba Drive, Coconut Grove, FL 33133.**
4. The name and address of each general partner is:
 - a. NAME: **MELVYN D. RIFF**
ADDRESS: **3666 Klebba Drive**
Coconut Grove, FL 33133.
 - b. NAME: **SUE D. RIFF**
ADDRESS: **3666 Klebba Drive**
Coconut Grove, FL 33133.
5. The latest date upon which the limited partnership is to be dissolved and its affairs wound up is: **SEVENTY (70) YEARS FROM THE DATE OF FILING THE CERTIFICATE OF LIMITED PARTNERSHIP WITH THE SECRETARY OF STATE.**
6. There are no other matters the General Partner(s) desire to include in this Certificate.
7. It is hereby declared that we are the persons who executed this Certificate of Limited Partnership, which execution is our act and deed:

In witness whereof, the General Partners have executed this Certificate on the 16
day of February, 1995.

Melvyn D. Riff
MELVYN D. RIFF
Sue D. Riff
SUE D. RIFF

FILED
1995 FEB 17 PM 3:00

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been named as registered agent for **MELSU PROPERTIES LIMITED**, a Florida limited partnership (the "Partnership") in the foregoing Certificate of Limited Partnership, I, on behalf of the Partnership, hereby agree to accept service of process for said Partnership and to comply with any and all Statutes relative to the complete and proper performance of the duties of registered agent.

REGISTERED AGENT:

Melvyn D. Riff
MELVYN D. RIFF

FILED
1955 FEB 17 PM 3:00
SEAL
TALLAHASSEE, FLORIDA

STATE OF FLORIDA)
)
COUNTY OF DADE)

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned notary public, personally appeared MELVYN D. RIFF and SUE D. RIFF, constituting all of the general partners of MELSU PROPERTIES LIMITED, a Florida Limited Partnership, hereinafter referred to as the "Partnership", who, upon being duly sworn, declare as follows:

1. The capital contribution to the Partnership by each limited partner is as follows:

<u>LIMITED PARTNER NAME</u>	<u>AMOUNT OF CONTRIBUTION</u>
MELVYN D. RIFF	\$ 1.00
SUE D. RIFF	\$ 1.00

2. The amount of additional capital contributions anticipated to be contributed by each limited partner is as follows:

<u>LIMITED PARTNER NAME</u>	<u>AMOUNT OF CONTRIBUTION</u>
MELVYN D. RIFF	\$ 1,592,000.00
SUE D. RIFF	\$ 1,592,000.00

FURTHER AFFIANT(S) SAYETH NOT.

Under penalties of perjury, we declare that we have read the foregoing and that the facts alleged are true, to the best of our knowledge and belief.

GENERAL PARTNERS:

Melvyn D. Riff
MELVYN D. RIFF
Sue D. Riff
SUE D. RIFF

Date: February 16, 1995.

STATE OF FLORIDA)
COUNTY OF DADE)

The foregoing instrument was acknowledged before me this 16 day of February, 1995, by MELVYN D. RIFF and SUE D. RIFF, general partners on behalf of MELSU PROPERTIES LIMITED, a Florida Limited Partnership. They are personally known to me or have produced IDA. Brown N/IT as identification.


Notary Public

Print Name: HOWARD D. ROSEN

Serial Number: 395401

My commission expires:



A 95 000000256

FILED

DOCUMENT # A 95000000256

96 MAY -1 AM 9:21

MELSVI PROPERTIES LIMITED

SECKL TALLAHASSEE, FLORIDA

34850 SW 187 AVENUE 34850 SW 187 AVENUE

2/17/95

HOMESTEAD FL
33034

HOMESTEAD FL
33034

65-0566052

6. CERTIFICATE OF STATUS OF FIRM ☒ \$0.75 Additional Fee required for a Certificate of Status
7. FLORIDA

8a. 3,184,002
8b. FLORIDA 3,184,002

FEES: 1. Filing Fee: Computed at a rate of \$7 per \$1,000 or amount entered on file with a maximum filing fee of \$57.50 and a minimum of \$4.37. 50% for each year due this office.
2. Supplemental Filing Fee: \$110.75 for each year due this office beginning with 1992 calendar year.
3. Penalty Filing Fee: \$500 penalty fee for each year report form is delinquent.
Note: If the amount entered in 8a is greater than amount entered in 8b, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

9. Name and Address of Current Registered Agent

MELVYN D. REFF
34850 SW 187 AVENUE
HOMESTEAD FL 33034

10. 34850 SW 187 AVENUE
HOMESTEAD FL 33034

10a. If the filer is a corporation, limited partnership or other business entity, the filer must be a resident of the state of Florida. If the filer is an individual, the filer must be a resident of the state of Florida. If the filer is a partnership, the filer must be a resident of the state of Florida. If the filer is a corporation, the filer must be a resident of the state of Florida. If the filer is a limited partnership, the filer must be a resident of the state of Florida. If the filer is an individual, the filer must be a resident of the state of Florida.

Signature of Registered Agent: Melvyn D. Reff

DATE: 4/30/96

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

11. Name of General Partner	Address of General Partner (If not the same as the filer's address, list the address.)	City, State and Zip Code	11a. Filing Status (See instructions)
MELVYN D REFF	34850 SW 187 AVENUE	HOMESTEAD, FL 33034	
SUE D. REFF	34850 SW 187 AVENUE	HOMESTEAD, FL 33034	100001813161 -05/08/96--01047--005 1085.00 ***1085.00

REINSTATEMENT 9/6
CUS CR 5-6

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

SIGNATURE

Sue D. Reff
SUE D. REFF

4/30/96

305-248-5462

CR2E039 (4-95)