

1201 HAYS STREET  
TALLAHASSEE, FL 32301  
904-222-9171

800-342-8086



A95000001243

ACCOUNT NO. : 072100000032

000001569940

REFERENCE : 665588

8690A

-08/25/95--01066--004

\*\*\*1750.00 \*\*\*1750.00

AUTHORIZATION :

COST LIMIT : \* PREPAID

ORDER DATE : August 21, 1995

ORDER TIME : 8:49 AM

ORDER NO. : 665588

CUSTOMER NO: 8690A

CUSTOMER: Gary Korn, Esq  
BEDZOW KORN & KAN, P.A.

P. O. Box 8020

Hallandale, FL 33008

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 AUG 21 PM 12:01

500001569945

-08/25/95--01066--005

\*\*\*\*\*87.50 \*\*\*\*\*87.50

DOMESTIC FILING

NAME: MORTGAGE INVESTMENT GROUP 9,  
LTD.

ARTICLES OF INCORPORATION  
XX CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY  
PLAIN STAMPED COPY  
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carol M. Hensel

EXAMINER'S INITIALS:

G. TAX  
FILING  
1. AGENT FEE  
2. COPY  
TOTAL  
1. BANK  
BALANCE DUE  
REFUND

1750.00  
35.00  
52.50  
1837.50

8/21/95

B/C

**CERTIFICATE OF LIMITED PARTNERSHIP  
OF  
MORTGAGE INVESTMENT GROUP 9, LTD.**

FILED STATE  
SECRETARY OF CORPORATIONS  
95 AUG 21 PM 2:501

WE, the undersigned, desiring to form a Limited Partnership, and pursuant to Florida Revised Uniform Limited Partnership Act as set forth in Sections 620.101 et seq., the Florida Statutes, do hereby certify:

1. The name of the entity under which such Limited Partnership is to be conducted is MORTGAGE INVESTMENT GROUP 9, LTD.
2. The address of the office of the Limited Partnership is 307 South 21st Avenue, Hollywood, Florida 33020.
3. The agent for service of process upon the Limited Partnership is HARVEY BIRDMAN, whose address is 307 South 21st Avenue, Hollywood, Florida 33020.
4. The name and business address of the sole general partner of the Limited Partnership is VACATION INVESTMENT PLAN, INC., a Florida corporation, 307 South 21st Avenue, Hollywood, Florida 33020. P93006067576
5. The name and business address of the sole limited partner of the Limited Partnership is GARY A. KORN, 20803 Biscayne Boulevard, Aventura, Florida 33180.
6. The mailing address of the Limited Partnership is 307 South 21st Avenue, Hollywood, Florida 33020.
7. The latest date upon which the Limited Partnership is to dissolve is January 1, 2010.

DATED this 17<sup>th</sup> day of August, 1995.

**GENERAL PARTNER:**

VACATION INVESTMENT PLAN, INC.,  
a Florida corporation

By 

HARVEY BIRDMAN, Vice-President

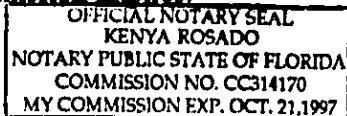
**LIMITED PARTNER:**

  
GARY A. KORN

STATE OF FLORIDA       )  
                                  ) SS:  
COUNTY OF DADE       )

The foregoing instrument was acknowledged before me this 17 day of August, 1995, by HARVEY BIRDMAN, as Vice-President of VACATION INVESTMENT PLAN, INC., a Florida corporation, on behalf of the corporation, who is personally known to me and who did take an oath.

My Commission Expires:



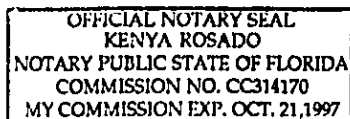
Kenya Rosado  
Notary Public, State of Florida

Print Name: Kenya Rosado

STATE OF FLORIDA       )  
                                  ) SS:  
COUNTY OF DADE       )

The foregoing instrument was acknowledged before me this 17 day of August, 1995, by GARY A. KORN, who is personally known to me and who did take an oath.

My Commission Expires:



Kenya Rosado  
Notary Public, State of Florida

Print Name: Kenya Rosado

FILED  
STATE  
SECRETARY OF CORPORATIONS  
AUG 21 PM 12:31

**ACCEPTANCE OF DESIGNATION AS REGISTERED AGENT**

I hereby accept the designation of Registered Agent as set forth in this Certificate of Limited Partnership for MORTGAGE INVESTMENT GROUP 9, LTD., a Florida Limited Partnership.

Harvey Birdman  
HARVEY BIRDMAN,  
Registered Agent

**AFFIDAVIT**

FILED  
STATE  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
95 AUG 21 PM 12:34

STATE OF FLORIDA       )  
                                  ) SS:  
COUNTY OF DADE       )

**BEFORE ME**, the undersigned authority, personally appeared **HARVEY BIRDMAN** ("Affiant"), who being first duly sworn, upon oath, states as follows:

1. That Affiant is the Vice-President of **VACATION INVESTMENT PLAN, INC.**, a Florida corporation ("Corporation"), and is duly authorized to execute this Affidavit on behalf of the Corporation.

2. That the Corporation is the sole general partner of **MORTGAGE INVESTMENT GROUP 9, LTD.**, a Florida Limited Partnership (the "Limited Partnership") and **GARY A. KORN** is the sole limited partner of the Limited Partnership.

3. That the amount of the capital contribution of the sole limited partner and the amount anticipated to be contributed by the sole limited partner is as follows:

Amount contributed: \$ 100.00

Amount anticipated  
to be contributed \$1,599,900.00

**FURTHER AFFIANT SAYETH NOT.**

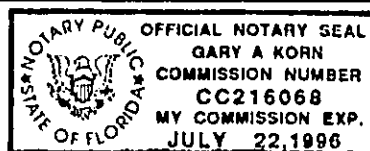
  
\_\_\_\_\_  
**HARVEY BIRDMAN -- Affiant**

**SWORN TO, ACKNOWLEDGED AND SUBSCRIBED** before me this 17<sup>th</sup> day of August, 1995, by **HARVEY BIRDMAN**, Affiant, who is personally known to me and who did take an oath.

My Commission Expires:

  
\_\_\_\_\_  
Notary Public, State of Florida

Print Name: \_\_\_\_\_



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

LIMITED PARTNERSHIP

A95000001243

FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

FILED

96 JAN 17 AM 11:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT #

A95000001243

MORTGAGE INVESTMENT GROUP 9, LTD.

96-AR

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, If Applicable

900001694389

Suite, Apt. #, etc.

-01/22/96--01030--020

\*\*\*\*576.25 \*\*\*\*576.25

City, State & Zip

2a. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City, State & Zip

Mailing Address

307 SOUTH 21ST AVENUE  
HOLLYWOOD, FL 33020

Principal Office Address

307 SOUTH 21ST AVENUE  
HOLLYWOOD, FL 33020

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

3. Date Formed or Registered to Do Business in  
FLORIDA  
8/21/95

3a. Date of Last Report

4. State or Country of Formation

FL

5a. Capital Contributions as Shown  
on Record

\$1,000,000.00

5b. Amount of Capital Contributions in  
FLORIDA to date

1,300,000.00

6. FEI Number

65-0604669

Applied For

Not Applicable

7. CERTIFICATE OF STATUS REQUIRED ☐

8. FEES: 1.) Filing Fee. Computed at a rate of \$7 per \$1,000 on amount entered in 5b or 5a if 5b is 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.

9. Name and Address of Current Registered Agent

HARVEY BIRDMAN  
307 SOUTH 21ST AVENUE  
HOLLYWOOD, FL 33020

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 620.105-1 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. 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

VACATION INVESTMENT PLAN, INC. 307 SOUTH 21ST AVENUE HOLLYWOOD, FL 33020

93000067576  
A95000001243

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)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) 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. 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

Typed or Printed Name of General Partner Signing Form

Harvey Birdman

DATE 12/28/95

Telephone Number 954-922-6070

CR2E003 (6/95)

# A95000001243

## MORTGAGE INVESTMENT GROUP 9, LTD.

307 South 21st Avenue  
Hollywood, Florida 33020  
(954) 922-6070  
Fax: (954) 921-5080

December 27, 1996

Florida Department of State  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

900002053509--3  
-01/10/97--01012--014  
\*\*\*\*\*52.50 \*\*\*\*\*52.50

RE: VOLUNTARILY DISSOLVING OUR LIMITED PARTNERSHIP

Dear Sir/Madam:

This letter shall serve to notify you that we are voluntarily dissolving the Limited Partnership Mortgage Investment Group 9, Ltd. Enclosed please find our Certificate of Cancellation and our check in the amount of \$52.50.

If you should have any questions or need additional information please do not hesitate to contact me at (954) 922-6070 ext. 207.

Cordially,

*Diane Birdman*

Diane Birdman, Vice President/Treasurer  
on behalf of the General Partner  
Vacation Investment Plan, Inc.

DB:ds

Enclosures

RECEIVED  
JAN -2 PM 3:23  
DIVISION OF CORPORATIONS

|                         |              |  |
|-------------------------|--------------|--|
| Name                    | A95000001243 |  |
| Availability            |              |  |
| Document Examiner       | DCC          |  |
| Updater                 | DCC          |  |
| Holder Verifier         | DCC          |  |
| Acknowledgement         | DCC          |  |
| W. CERTIFICATE OF STATE |              |  |

E. TAX \_\_\_\_\_  
FILING 52.50  
R. AGENT FEE \_\_\_\_\_  
C. COPY \_\_\_\_\_  
TOTAL \_\_\_\_\_  
N. BANK \_\_\_\_\_  
BALANCE DUE \_\_\_\_\_  
REFUND \_\_\_\_\_

**CERTIFICATE OF CANCELLATION  
FOR**

Mortgage Investment Group 9, Ltd.  
(insert name currently on file with Florida Dept. of State)

Pursuant to the provisions of section 620.113, Florida Statutes, this Florida limited partnership,  
whose certificate was filed with the Florida Department of State on 8/21/95,  
hereby submits this certificate of cancellation.

**FIRST:** Reason for cancellation: (State why partnership is submitting cancellation)

*Voluntarily dissolving partnership*

**SECOND:** This certificate of cancellation shall be effective at the time of its filing with  
Florida Department of State.

**THIRD:** Signatures of all general partners:

*[Signature]*  
\_\_\_\_\_  
\_\_\_\_\_

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
97 JAN - 23 PM 3:26