

Document Number Only

A95000001495

C T CORPORATION SYSTEM

Requestor's Name  
660 East Jefferson Street

Address  
Tallahassee, Florida 32301

City State Zip Phone  
904-222-1092

CORPORATION(S) NAME

95 OCT -5 PM 1:20

SECRETARY OF STATE  
DIVISION OF REGISTRATIONS

CONFIDENTIAL  
10-211-235--011137--0079  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

550, Edward Na L, Ltd

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Profit                         | <input type="checkbox"/> Amendment              | <input type="checkbox"/> Merger             |
| <input type="checkbox"/> NonProfit                      | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark               |
| <input type="checkbox"/> Limited Liability Company      | <input type="checkbox"/> Annual Report          | <input type="checkbox"/> Other              |
| <input type="checkbox"/> Foreign                        | <input type="checkbox"/> Reservation            | <input type="checkbox"/> Change of N.A.     |
| <input checked="" type="checkbox"/> Limited Partnership | <input type="checkbox"/> Photo Copies           | <input type="checkbox"/> Fictitious Name    |
| <input type="checkbox"/> No statement                   | <input type="checkbox"/> Call When Ready        | <input type="checkbox"/> CUS/ 0/8           |
| <input type="checkbox"/> Certified Copy                 | <input type="checkbox"/> Call if Problem        | <input type="checkbox"/> After 4:30         |
| <input type="checkbox"/> Call When Ready                | <input type="checkbox"/> Will Wait              | <input checked="" type="checkbox"/> Pick Up |
| <input checked="" type="checkbox"/> Walk In             |   |   |
| <input type="checkbox"/> Mail Out                       |   |   |

Name	
Availability	1/4
Document	
Examiner	
Updater	
Verifier	
Acknowledgment	
W.P. Verifier	

10/5/95

3 50

PLEASE RETURN EXTRA COPY(S)  
FILE SIGNED

G. TAX  
FILING  
R. AGENT FEE  
C. COPY  
TOTAL  
N. SARE  
BALANCE DUE  
PAID

CH2E031 (1-89)

CERTIFICATE OF LIMITED PARTNERSHIP

OF

SSD FUND NO. 1, LTD.

95 OCT -5 PM 1:20  
RECEIVED  
FBI  
FEDERAL BUREAU OF INVESTIGATION  
U.S. DEPARTMENT OF JUSTICE

The undersigned general partner, desiring to form a limited partnership pursuant to the Florida Revised Uniform Limited Partnership Act (Florida Statutes Section 620.101, et seq.), hereby states the following:

1. The name of the limited partnership is SSD Fund No. 1, Ltd.

2. The purpose of the Partnership is to conduct a real estate business and more particularly, the holding, improving, developing, operating, purchasing and selling of real property, but the limited partnership is also authorized to conduct any other lawful business.

3. The location of the Partnership's principal place of business required to be maintained by the Partnership pursuant to Section 620.105 of the Florida Statutes is 5617 Riviera Drive, Coral Gables, Florida 33146.

4. The name of the registered agent and address of the registered office of this Partnership are:

Eric D. Rapkin, Esq.  
Hughes Hubbard & Reed  
201 S. Biscayne Boulevard, Suite 2500  
Miami, FL 33131

5. The name and business address of the sole general partner is SSD Fund No. 1, Inc., a Florida corporation, 5617 Riviera Drive, Coral Gables, Florida 33146.

6. The mailing address of the Partnership is 5617 Riviera Drive, Coral Gables, Florida 33146.

7. Except as required by law, the limited partners of the Partnership shall have no personal liability for the obligations of the Partnership.

8. The latest date for the Partnership to be dissolved is December 31, 2050, unless sooner dissolved and terminated as provided in the Partnership's Agreement of Limited Partnership or by law.

9. This Certificate of Limited Partnership is made in accordance with Section 620.108 of the Florida Statutes.

IN WITNESS WHEREOF, this Certificate of Limited Partnership has been executed by the sole general partner of SSD Fund No. 1, Ltd. on this 3<sup>rd</sup> day of October, 1995.

GENERAL PARTNER

SSD FUND No. 1, INC.

By: Jose I. Juncadella  
Jose I. Juncadella, President

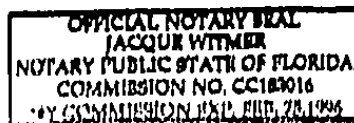
STATE OF FLORIDA     )  
                              ) ss:  
COUNTY OF DADE     )

I HEREBY CERTIFY that on this day before me, a Notary Public duly authorized in the State and County named above to take acknowledgments, personally appeared JOSE I. JUNCADILLA, as President of SSD FUND No. 1, INC., a Florida corporation, and the person described in and who executed the foregoing instrument, and who being first duly sworn, acknowledged before me that he subscribed to the same for the purposes therein set forth. He is personally known to me.

Witness my hand and seal in the County and State named above this 3<sup>rd</sup> day of October, 1995.

Jacque Wittmer  
Notary Public, State of Florida

My Commission Expires:



JMF/740/V16

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

Before me, the undersigned officer, personally appeared Jose Juncadella, President of SSD Fund No. 1, Inc., a Florida corporation, as general partner of SSD Fund No. 1, Ltd. (the "Partnership"), and who, being duly sworn, certifies that the amount of capital contributions to date is \$100 and it is anticipated that the total amount of capital contributed or to be contributed to the Partnership by the limited partners is \$7,500.

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

GENERAL PARTNER:

SSD FUND No. 1, INC., a Florida corporation

By: Jose I. Juncadella  
Jose I. Juncadella, President

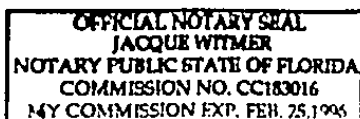
STATE OF FLORIDA     )  
                              ) ss:  
COUNTY OF DADE     )

I HEREBY CERTIFY that on this day before me, a Notary Public duly authorized in the State and County named above to take acknowledgments, personally appeared JOSE I. JUNCADILLA, as President of SSD FUND NO. 1, INC., a Florida corporation, and the person described in and who executed the foregoing instrument, and who being first duly sworn, acknowledged before me that he subscribed to the same for the purposes therein set forth. He is personally known to me.

Witness my hand and seal in the County and State named above this 21<sup>st</sup> day of October, 1995.

Jacque Witmer  
Notary Public, State of Florida

My Commission Expires:



JMF/740/V16

ACCEPTANCE OF REGISTERED AGENT

Having been named as the registered agent to accept service of process for SSD FUND NO. 1, LTD., a Florida limited partnership, at the place designated in the Certificate of Limited Partnerships. I heroby 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 familliar with and accept the obligations of my position as Registered Agent.

*Eric D. Rapkin*

ERIC D. RAPKIN

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 OCT -5 PM 1:20

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FILED

96 FEB 29 PM 3:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OFFICE USE ONLY (Document #)

SSD Fund No. 1, Ltd.

(Requestor's Name)

407 S. W. 17th Ave.  
Miami, FL 33136

(Address)

Coral Gables, FL 33146

(City, State, Zip)

(Phone #)

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. SSD Fund No. 1, Ltd.  
(Corporation Name) (Document #)

2. (Corporation Name) (Document #)

3. (Corporation Name) (Document #)

4. (Corporation Name) (Document #)

☐ Walk in ☐ Pick up time

☐ Certified Copy

☐ Mail out ☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS

<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS

<input checked="" type="checkbox"/>	Amendment Supp. Aff.
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

\$325.15 - F.F.  
CM

OTHER FILINGS

<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/  
QUALIFICATION

<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

FILED  
96 FEB 29 PM 3:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**SUPPLEMENTAL AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR  
FLORIDA LIMITED PARTNERSHIP**

The undersigned general partners of SSD FUND NO. 1, LTD  
\_\_\_\_\_, a  
Florida Limited Partnership, executed this supplemental affidavit filed pursuant to section 620.112,  
Florida Statutes.

The total amount of the capital contributions of the limited partners is: \$ 53,955 (1995)  
This 18 day of JANUARY, 19 96.

**FURTHER AFFIANT SAYETH NOT.**

*Under penalties of perjury I declare that I have read the foregoing and that the facts are true, to  
the best of my knowledge and belief.*

General Partner(s)

X *[Signature]*  
PRESIDENT  
SSD FUND NO. 1, INC.

**FEES:**

\$7 per \$1,000 based on the additional contributions  
(Minimum \$52.50 - Maximum \$1,750.00)

INHSE20(3/95)

FILED  
96 FEB 29 PM 3:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

A95000001495  
 1996

1. 1a. DOCUMENT #  
A95000001495  
SSD FUND No. 1, LTD  
\$516.40-FF.  
96-ARCM  
c/o J. JUNCADELLA 2460 SW 22 ST.  
5617 RIVIERA DR. MIAMI, FL. 33145  
CORAL GABLES, FL 33146

3. <small>DATE OF BIRTH</small> FLORIDA 10/5/95	3n. <small>DATE OF BIRTH</small> N/A	4. <small>DATE OF BIRTH</small> FLORIDA
5n. <small>DATE OF BIRTH</small> 7,500	5b. <small>DATE OF BIRTH</small> FLORIDA \$53,955 <del>6,500</del>	6. <small>DATE OF BIRTH</small> APPLIED FOR

8. FEES: 1) Filing Fee: Computed at a rate of \$7 per \$1,000 (or amount entered in 5a or 5d if it varies) with a maximum filing fee of \$52.50 and a maximum of \$477.50.  
2) Supplemental Court Fee: \$10.25 (paid to be sent to the State Bar of Florida).  
THE AMOUNT OF THE STATE BAR FEE IS \$10.25 (\$52.50 + \$10.25) AND NO MORE. TOTAL \$52.75 (\$477.50 + \$10.25).  
Note: If the amount entered in 5a is greater than the amount entered in 5d, 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  
JOSE I. JUNCADILLA  
5617 RIVIERA DR.  
CORAL GABLES, FL 33146

10. I hereby certify that the above information is true and correct.

Date: April 1968

City: \_\_\_\_\_ FL Zip Code: \_\_\_\_\_

10a. I, James H. Thompson, the president of James H. Thompson, Inc., hereby certify that the above named individual partnership organized and operated under the laws of the State of Florida, and was a partner for the purpose of carrying on business as a partnership, and is not a partnership for the purpose of Florida law, and was not and has not been a general partnership, thereby accepting the application for a partnership agreement.

Subsidiary (Buyer's) Agent Accepted Appointment ☒ *Go J. Powell* (DATE) ☒ 12-19-95

**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 Company/Partners	11a.	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b.	Ct., State & Zip Code	11c.	Ring Number (Do NOT Ring Post)
	SSD FUND No. 1, INC.		c/o J. JUNCADILLA 5617 RIVIERA DR. CORAL GABLES, FL. 33146		CORAL GABLES, FL. 33146		PA5000075515

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

12. Signature of the person who is to be added as a general partner:  
 SIGNATURE X Jose I. Foncadella  
JOSE I. FONCADELLA, PRES.  
SSD FUND NO. 1, INC. X 12-19-95  
(305) 662-8981

CA2E003 (6/95)