1201 HAYS STREET

TALLAHASSER, FL 12301 904-222-9171 5000000000734 PRENTICE HALL LEGAL & FINANCIAL SERVICES

ACCOUNT NO. : 0721000000032

REFERENCE 1 762916 9081A

AUTHORIZATION :

CONTACT PERSON:

	COST LIMIT :	9 PREPAI	D 		
ORDER DAT	E : December 12,	1995			
ORDER TIM	IE : 10:06 AM		DESCRIPTION OF THE PROPERTY OF	90000 -12/15/95	
ORDER NO.	1 762916		hr.	***1837.5	50 ***1
CUSTOMER	NO: 9081A				
CUSTOMER:	Laura Moclean, L MACLEAN & EMA	egal Asst			
	2600 Ne 14th Str	reet Cause	vay	92 y	g - 20
	Pompano Beach, F	FL 33062		<u></u>	という
	DOMESTIC F	FILING			r3 111
NA	ME: SIMENSKY,	LTD.	FILING R. AGENT FEE	1750.W	NED 27
			C. CUPY	1837.02	
	TIFICATE OF LIMITE		7F5(M))		
	ERTIFIED COPY	S AS PROOF	OF FILING:	e o savelde (1967)	

EXAMINER'S INITIALS:

837.50

CERTIFICATE OF LIMITED PARTNERSHIP OF SIMENSKY, LTD.

The undersigned, desiring to form a limited partnership pursuant to the laws of the State of Florida, certify as follows:

- (1) Name of Limited Partnership. The name of the Limited Partnership is SIMENSKY, LTD.
- Office for Maintenance of Business Records. The address of the office at which the records of the Limited Partnership will be kept, as required by Section 620,106 of the Florida Statutes is 4110 Palm Aire Drive West, #102B, Pompano Beach, Florida 33069.
- (3) Agent for Service of Process. The name and address of the Partnership's agent for service of process in Florida is Arthur Simensky, 4110 Palm Aire Drive West, #102B, Pompano Beach, Florida 33069.
- (4) General Partner. The name and business address of General Partner in the Limited Partnership is as follows:

Name

Business Address

ARTHUR SIMENSKY

4110 Palm Aire Drive West, #102B Pompano Beach, Florida 33069

- (5) Address of Partnership. The mailing address of the Limited Partnership is 4110 Palm Aire Drive West, #102B, Pompano Beach, Florida 33069.
- (6) Date of Dissolution. The latest date on which the Limited Partnership is to dissolve is December 31, 2024.

Dated: Decarba 11, 1995
Pompano Beach, Florida

GENERAL PARTNER

KOTHID CINCHEN

RESIDENT AGENT

RTHUR SIMPLICE

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

The undersigned, who is the only General Partner of SIMENSKY, L'I'D., declares that the capital contributions of all the Limited Partners in the Partnership are as follows:

(1) The Limited Partners have made capital contributions in the following amounts:

Name of Limited Partner

Amount of Contribution

ARTHUR SIMENSKY RUTH SIMENSKY

\$362,000 362,000

(2) There are no additional capital contributions that are contemplated at this time.

Dated: Qecando //, /995'
Pompano Beach, Florida

GENERAL PARTNER

ARTHUR SKULNSKY

SWORN TO and subscribed before me this ______ day of December, 1995.

Notary Public

Commission No.

My Commission Expires

(SEAL)

OFFICIAL NOTARY SEAL
ANNE B MACLEAN
NOTARY PUBLIC STATE OF FLORIDA
COMMISSION NO. CC255551
MY COMMISSION EXP. FEB. 14,1997

PLE OF STREET TO REC

LIMITED PARTNERSHIP



FLORIDA DEPARTMENT OF STATE

ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS							FIL JAH -3		. 22		
1. Harris of Landed Partnership Simensky, Ltd. 1a. DOCUMENT # A95000001934					SECR	ETARY WASSE	OF ST	ATE			
							DOMO	T WRITE IN 1	ILIK GRAFI		
		•	,		2	New Malling			7113 01 7101	-	
			 -								
Making Address Precipal Office Address				Sul	<u></u>						
C/C Arthur Simensky 4110 Palm Aire Drive, #102B				City	, State & Zip		##576		### 5	76.25	
				28	28. New Principal Office Address, If Applicable						
Pompano Beach, FL					Sui	tu. Apt # etc					
above addresses are accorded a any way	y, line through the inc	orroct information and e	nier correct addre	ise in Block 2 and	d/or 21						
Date Formed or Registered to Do Bus FLORIDA		Date of Last Report		ountry of Formats	ου Citi	y State & Zip					
<u>December 12, 1995</u>	5b. Amount of	N/A Capilal Contributions in	Florid 6. FEI Nur			ХХАрр	lied For	7. CERTIF	ICATE OF S	TATUS RE	QUIR, D
724,000	FLORIDA		•	-			Applicable				
FEES: 1.) Filing Fee: Computed at	<u></u>		_l			11_		127 50	-		
2.) Supplemental Foc. 5134 HE AMOUNT DUE SHALL BE NO LESS oto: If the arrount entered in 50 s IAKE CHECK PAYABLE TO FLORIDA DE			mental allidavit mu	ist be submitted (· · ·	·*·-		gistored Age	nt/Office		
Arthur Simersky				Name					* 3		
4110 Palm Aire Dr	ive, #102	B	•	Street Addres	s (P O Bosta	D Box Number is Not Acceptable)					
Pompano Beach, FI	, 33069			Suite, Apt. 4, 1	etc						
				City			•		FL	Zip Code	
	tions 620 1051 and 6	520, 192, Florida Statutes gistered agent, or both	. the above-named in the State of Flor	d limited partners ida. Such chang	gup organized e was authoriz	tor registered ted by its gene	under the la- tral partner(s	ws of the Sta i) Thereby to	te of Florida scopt the ap	submits t pointment	nis stillemen of registere
for the purpose of changing its fi agent. I am familiar with, and acc	cept the obligations o							DATE			<u></u>
for the purpose of changing its re agent. I am familiar with, and acc	Appointment)	S A CORPOR	ATION I	IMITED	PARTN	ERSHIP THIS C	OR O	DATE			
for the purpose of changing its fi agent. I am familiar with, and acc	Appointment) ER THAT I	S A CORPOR BE REGISTI	RATION, L ERED AN	IMITED I	PARTN	ERSHIP THIS O	OR O'	DATE		ESS I	ration/
for the purpose of changing its in agent. I am familiar with, and accepting A GENERAL PARTN	Appointment) ER THAT I	S A CORPOR BE REGISTI	RATION, L ERED AN 55 of Each Genera Use Post Office Bo	IMITED ID ACTIV	PARTNI E WITH 11b.		OR O'DFFICE	DATE	BUSIN	Hegist	ration/

• •	
46	I do hereby cortify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes Tirelease the Division of
12	I do hereby contry that the information supplied with this filling is voluntarily furnished and closs not qualify for the exemption state of occurs in 19 or occurs in 19 or occurs the filling is voluntarily furnished and closs not qualify for the exemption state of occurs in 19 or occu
	Corporations from any liability of non-compliance with Section 119 07(3)(k) in the event that the information supplied is decirate bright that I am a General Partner of the limited partnership receiver or trusted this annual report is true and accurate and that my signature shall be to the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership receiver or trusted this annual report is true and accurate and that my signature shall be to the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership receiver or trusted.
	this annual report is true and accurate and matter than the state of t
	To record the second to the se

Typed or Printed Name of General Partner Signing Form

Arthur Simensky

DATE 12/27/95
Telephone Number (954) 974-5136

1201 HAYS STREET 800-342-8086 TALLAHASSEE, FL 32301-2607

PRENTICE HALL LEGAL & FINANCIAL SERVICES

ACLOUNT NO. : 072100000032

REFERENCE: 078587 9081A

AUTHORIZATION :

COST LIMIT : \$ PREPAID

ORDER DATE: September 9/ 1996

ORDER TIME : 10:55 AM .

ORDER NO. : 078587

CUSTOMER NO:

9081A

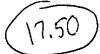
CUSTOMER: Ms. Laura G. Maclean

Maclean & Ema

2600 Ne 14th Street Causeway

Fompano Beach, FL 33062

300001942263 -09/09/96--01035--013 *****87.50 *****87.50



DOMESTIC AMENDMENT FILING

NAME: SIMENSKY, LTD.

EFFICTIVE DATE:

000001947250 -09/13/96--01055--024 *****17.50 *****17.50

XXX CERTIFICATE OF AMENDMENT RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Clint Fuhrman

EXAMINER'S INITIALS:

CERTIFICATE OF AMENDMENT TO LIMITED PARTNERSHIP OF SIMENSKY, LTD.

- (1) The name of the partnership is SIMENSKY, LTD.
- (2) The date of filing the certificate of limited partnership is December 12, 1995.
- (3) On April 23, 1996, ARTHUR SIMENSKY withdrew as General Partner of Simensky, Ltd. The holders of a majority in interest of the remaining Limited Partnership Units elected to continue the Partnership business and name a new General Partner, namely STEPHEN SIMENSKY, who received the unanimous vote of the Limited Partners.

Therefore, Paragraphs (2), (3), (4) and (5) of the Certificate of Limited Partnership are amended to read:

- (2) Office for Maintenance of Business Records. The address of the office at which the records of the Limited Partnership will be kept, as required by Section 620.106 of the Florida Statutes, is C/O MacLean and Ema, 2600 NE 14th Street Causeway, Pompano Beach, Florida 33062.
- (3) Agent for Service of Process. The name and address of the Partnership's agent for service of process in Florida are Laura G. MacLean, Esquire, C/O MacLean and Ema, 2600 NE 14th Street Causeway, Pompano Beach, Florida 33062.
- (4) **General Partner**. The name and business address of each General Partner in the Limited Partnership is as follows:

Name

Business Address

STEPHEN SIMENSKY

545 Dolphin Drive Woodmere, NY 11598

(5) Address of Partnership. The mailing address of the Limited Partnership is C/O MacLean and Ema, 2600 NE 14th Street Causeway, Pompano Beach, Florida 33062.

Dated: 9/3/91

NEW GENERAL PARTNER

STEPHEN SIMENSKY

State of <u>New YARA</u>)

County of <u>NASSOU</u>)

Notary Public/State of NEW VORN.
Commission Number: 4790025

My commission expires:

ROBERTA CAPONI , , NOTARY PUBLIC, State of New York No. 4796025

Qualified in Nassau County

Commission Expires February 28, 19, 9

SECRETARY OF STATE OF STATEONS OF CORPORATIONS

ACCEPTANCE OF APPOINTMENT AS NEW REGISTERED AGENT FOR SIMENSKY, LTD.

Having been named as registered agent and to accept service of process for the abovenamed 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 Section 620.192 Florida 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.

Dated this 10 day of nexten were	, 1996.	
LAURA G.	MACLEAN Bean	SECRETAR DIVISION OF 1
STATE OF FLORIDA		10 July 10 Jul
COUNTY OF BROWARD		27 ST C
The foregoing instrument was acken 19 by LAURA G. MACL has produced her did (did not) take an oath.	nowledged before me this EAN who is personally known to r as identification	IIIO OI WITO O
	Notary Public Commission No.	
My Commission Expires:	(SEAL)	