

NATIONSCORP REGISTERED AGENTS, INC.  
526 East Park Avenue, Suite 200  
Tallahassee, FL 32301

**A96000000439**

OFFICE USE ONLY (Document #)

(Requestor's Name)

(Address)

(City, State, Zip)

(Phone #)

OFFICE USE ONLY

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 MAR -6 PM 2:52

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

1. MRS. A Limited Partnership  
(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

5000017378005  
-03/08/96--01116--010  
\*\*\*\*140.00 \*\*\*\*140.00

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 type="checkbox"/>	Amendment
<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

**File Second**

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

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

G. TAX FILING 52.50  
R. AGENT FEE 35.00  
C. COPY 52.50  
TOTAL 140.00  
N. BANK \_\_\_\_\_  
BALANCE DUE \_\_\_\_\_  
REFUND \_\_\_\_\_

3/5/96

Examiner's Initials hK

SECRET  
MAR 25 1952  
MAR 25 1952

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

2. \_\_\_\_\_  
(The Business Address of United Partnership)

3. HIQ CORPORATE SERVICES, INC.  
(Name of Registered Agent for Service of Process)

4. \_\_\_\_\_  
(Florida Street Address for Registered Agent)

5. BY: SEE ATTACHED SIGNED ACCEPTANCE  
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process.)

6. 700 South Royal Poinciana Boulevard, Suite 302, Miami, FL 33131  
(The Mailing Address of the Limited Partnership.)

7. The latest date upon which the Limited Partnership is to be dissolved is 2016.

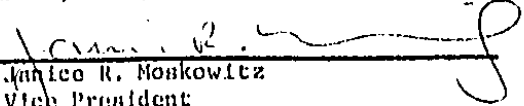
**SPECIFIC ADDRESS**

700 South Poinciana Blvd., Suite 502  
Miami Springs, FL 33166

Signed this 4th day of March, 1996.

MRS&A, INC., General Partner

By:

  
Janice R. Moskowitz  
Vice President

FILED STATE  
SECRETARY OF CORPORATIONS  
DIVISION-5 PM 2:52  
96 MAR -5

## AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned constituting all of the general partners of  
MRS&A Limited Partnership, a Florida Limited Partnership, certify as fol-  
lows:

The amount of capital contributions to date of the limited partners is \$ 300.00.

The total amount contributed and anticipated to be contributed by the limited partners  
at this time totals \$ 300.00.

This 4th day of March, 19 96.

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 true, to the best of my knowledge and belief.

MRS&A, Inc., General Partner

By:

Janice R. Moskowitz  
Janice R. Moskowitz, Vice President

FILED IN STATE  
DIVISION OF REVENUE  
96 MAR -5 PM 2:53

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
96 MAR -5 PM 2:52

PURSUANT TO THE PROVISIONS OF THE FLORIDA UNIFORM LIMITED PARTNERSHIP ACT, THE UNDERSIGNED LIMITED PARTNERSHIP, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT.

1. The name of the Limited Partnership is: MRS&A Limited Partnership

2. The name and address of the registered agent and office is:

HIO CORPORATE SERVICES, INC.  
526 EAST PARK AVENUE, SUITE 200  
TALLAHASSEE FL 32301

Having been named as registered agent and to accept service of process for the above stated 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 provision of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

**HIO CORPORATE SERVICES, INC.**

BY: Raymond E. I. Mennick  
(Signature)

3/4/96  
(Date)