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TALLAHASSEE, FL 32310
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(904) 222-0011 FAX

800-342-8086



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PRETRIC HALL
LEGAL & FINANCIAL SERVICES

ACCOUNT NO. : 072100000032

REFERENCE : 897319 4323655

AUTHORIZATION :

Patricia Pyzdek

COST LIMIT : \$ 140.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 MAR 27 AM 11:53

ORDER DATE : March 27, 1996

100001700001

ORDER TIME : 10:36 AM

ORDER NO. : 897319

CUSTOMER NO: 4323655

CUSTOMER: Katherine Russell, Legal Asst
ANNIS MITCHELL COCKEY EDWARDS
& ROEHN, P.A.
P. O. Box 3433

Tampa, FL 33601

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96 MAR 27 PM 1:24
DIVISION OF CORPORATION

DOMESTIC FILING

NAME: MAMMOGRAPHY PRODUCTS
PARTNERSHIP, LTD.

EFFECTIVE DATE:

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: Karen B. Rozar

EXAMINER'S INITIALS:

File 200

3/27/96

BR

**CERTIFICATE OF LIMITED PARTNERSHIP
OF MAMMOGRAPHY PRODUCTS PARTNERSHIP, LTD.**

The undersigned hereby executes and swears to this Certificate of Limited Partnership for the purpose of forming a limited partnership under the laws of the State of Florida.

1. Name of Partnership. The name of the Partnership shall be MAMMOGRAPHY PRODUCTS PARTNERSHIP, LTD.

2. Address of Recordkeeping Office; Agent for Service of Process. The records to be kept pursuant to Section 620.106, *Florida Statutes*, shall be located at 16057 Tampa Palms Boulevard West, Suite 238, Tampa, Florida 33613, and the name of the Partnership's agent for service of process at said address is MAHA Y. SALLAM.

3. Name and Business Address of the General Partner. The name and address of the General Partner are as follows:

<u>Name</u>	<u>Address</u>
846600027226 MAMMOGRAPHY PRODUCTS, Inc., a Florida corporation	16057 Tampa Palms Blvd. West Suite 238 Tampa, Florida 33613

4. Mailing Address for the Limited Partnership. The mailing address for the Limited Partnership shall be located at 16057 Tampa Palms Boulevard West, Suite 238, Tampa, Florida 33613.

FILED
STATE OF FLORIDA
SECRETARY OF STATE
MAR 21 AM 11:53

5. Term. The term for which the Partnership is to exist shall be thirty (30) years from the filing of this Certificate in the Office of the Secretary of State of the State of Florida, unless sooner terminated in accordance with a Limited Partnership Agreement for **MAMMOGRAPHY PRODUCTS PARTNERSHIP, LTD.**

DATED this 25 day of March, 1996.

GENERAL PARTNER:

MAMMOGRAPHY PRODUCTS, INC., a
Florida corporation

By: [Signature]
Maha Y. Sallam, President

STATE OF FLORIDA

COUNTY OF Pinellas

The foregoing was acknowledged before me this 25 day of March, 1996, by MAHA Y. SALLAM, as President of MAMMOGRAPHY PRODUCTS, INC., a Florida corporation, on behalf of the corporation, who is personally known to me. ~~or has produced~~
as identification.



JOSEPH W N RUGG
My Commission CC370767
Expires May, 08, 1998
Bonded by HAI
800-422-1553

[Signature]
NOTARY PUBLIC
Name: _____
Serial No.: _____
My Commission Expires: _____

ACCEPTANCE BY REGISTERED AGENT

Having been named Registered Agent and designated to accept service of process for the within-named Limited Partnership, at the place designated herein, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.



MARIA Y. BALLAM

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

I, MAHA Y. SALLAM, the President of MAMMOGRAPHY PRODUCTS, INC., a Florida corporation, the sole general partner of MAMMOGRAPHY PRODUCTS PARTNERSHIP, LTD., a Florida limited partnership, hereinafter referred to as the "Partnership," who, upon being duly sworn, certifies as follows:

1. The limited partner has contributed a total of \$100.00 of capital to the Partnership.

2. It is anticipated that no additional contributions shall be contributed by the limited partners in the future.

This ²⁵~~26~~ day of March, 1996.

FURTHER AFFIANT SAYETH NOT.

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

GENERAL PARTNER:

MAMMOGRAPHY PRODUCTS, INC., a
Florida corporation

By: *Maha Y. Sallam*
MAHA Y. SALLAM, President

STATE OF FLORIDA

COUNTY OF Pinellas

The foregoing was acknowledged before me this 25 day of March, 1996, by MAHA Y. SALLAM, as President of MAMMOGRAPHY PRODUCTS, INC., a Florida corporation, on behalf of the corporation, who is personally known to me, ~~or has produced~~ as identification.



JOSEPH W. N. RUGG
My Commission CC370787
Expires May. 08, 1998
Bonded by HAI
800-422-1555

Joseph W. N. Rugg
NOTARY PUBLIC

Name: _____

Serial No.: _____

My Commission Expires: _____

A96000000598

Managers, Inc. v. Dechus LLP
Requestor's Name
2000 1st Street NW
Address
Washington, D.C. 20001-3331
City/State/Zip Phone #
(202) 571-6300

SECRETARY OF STATE
DEPARTMENT OF CORPORATIONS

27 OCT 20 PM 3:19

Office Use Only

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

1 Managers, Inc. v. Dechus LLP Partnership, Ltd. / A96000000598
(Corporation Name) (Document #)

2 (Corporation Name) (Document #)

3 (Corporation Name) (Document #)

4 (Corporation Name) (Document #)

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☐ Will wait

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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

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*****52.50 *****52.50

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"/>	Restatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

1814 312
Examiner's Initials
K. J. 10-20

DEPT.
SECRETARY OF STATE
BUREAU OF CORPORATIONS

M101A/26615.1