

# CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904) 224-1800  
 Mailing Address: Post Office Box 10340, Tallahassee, FL 32301  
 TOLL FREE NO. 1-800-341-8662  
 FAX (904) 224-1822

NAME \_\_\_\_\_  
 FIRM \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 PHONE ( ) \_\_\_\_\_

Service: Top Priority \_\_\_\_\_ Regular \_\_\_\_\_  
 One Day Service Two Day Service

To us via \_\_\_\_\_ Return via \_\_\_\_\_

Mailor No.: \_\_\_\_\_ Express Mail No. \_\_\_\_\_

State Fee \$ \_\_\_\_\_ Our \$ \_\_\_\_\_

31C  
 J. FAX \_\_\_\_\_  
 FILING \_\_\_\_\_ 455.00  
 R. AGENT FEE \_\_\_\_\_ 35.00  
 C. COPY \_\_\_\_\_  
 TOTAL \_\_\_\_\_ 490.00  
 N. BANK \_\_\_\_\_  
 BALANCE DUE \_\_\_\_\_  
 REFUND \_\_\_\_\_

REQUEST TAKEN CONFIRMED APPROVED  
 DATE \_\_\_\_\_  
 TIME \_\_\_\_\_ CK No. \_\_\_\_\_  
 BY \_\_\_\_\_

WALK-IN 4/18 12:00  
 Will Pick Up \_\_\_\_\_

C.C. FEE. DISBURSED

_____ Capital Express™	_____	_____
_____ Art. of Inc. Filing	_____	_____
_____ Corp. Record Search	_____	_____
_____ Ltd. Partnership Filing	_____	_____
_____ Foreign Corp. Filing	_____	_____
_____ ( ) Cert. Copy(s)	_____	_____
_____ Art. of Amend. Filing	_____	_____
_____ Dissolution/Withdrawal	_____	_____
_____ C U S -	_____	_____
_____ Fictitious Name Filing	_____	_____
_____ Name Reservation	_____	_____
_____ Annual Report/Reinstatement	_____	_____
_____ Reg. Agent Service	_____	_____
_____ Document Filing	_____	_____
_____ Corporate Kit	_____	_____
_____ Vehicle Search	_____	_____
_____ Driving Record	_____	_____
_____ Document Retrieval	+++ 105.00	+++ 105.00
_____ UCC 1 or 3 Filing	_____	_____
_____ UCC 11 Search	_____	_____
_____ UCC 11 Retrieval	+++ 35.00	+++ 35.00
_____ Filing No.'s. _____ Copies	_____	_____
_____ Courier Service	_____	_____
_____ Shipping/Handling	_____	_____
_____ Phone ( )	_____	_____
_____ Top Priority	_____	_____
_____ Express Mail Prep.	_____	_____
_____ FAX ( ) pgs.	_____	_____

## SUBTOTALS

FEE.....  
 DISBURSED.....  
 SURCHARGE.....  
 TAX on corporate supplies.....  
 SUBTOTAL.....  
 PREPAID.....  
 BALANCE DUE.....  
 \$

Please remit invoice number with payment  
 TERMS: NET 10 DAYS FROM INVOICE DATE  
 1 1/2% per month on Past Due Amounts  
 Past 30 Days, 18% per Annum.

THANK YOU  
 from  
 Your Capital Connection

**CERTIFICATE OF LIMITED PARTNERSHIP OF PINES & UNIVERSITY  
LIMITED PARTNERSHIP**

THE UNDERSIGNED, general partner desiring to form a limited partnership pursuant to the Florida Revised Uniform Limited Partnership Law as set forth in Section 620.108 of the Florida Statutes, hereby state the following:

1. The name of the Partnership is: **PINES & UNIVERSITY LIMITED PARTNERSHIP.**
2. The address of the Partnership is: 50 N. University Drive, Pembroke Pines, Florida 33024
3. The name and address of the agent for service of process on the Partnership is:

Jose Mario Suarez

4. The name and address of the general partner is as follows:

Pines & University Service Center, Inc.,  
A Florida Corporation  
50 N. University Drive  
Pembroke Pines, Florida 33024

896060016598

5. The mailing address of the Partnership is: 50 N. University Drive, Pembroke Pines, Florida, 33024
6. The latest date upon which the Partnership shall dissolve is: **December 31, 2036**

The execution of this certificate by the undersigned general partner constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

IN WITNESS WHEREOF, this certificate of Limited partnership has been executed by all of the general partners of Pines & University Limited Partnership this 17<sup>th</sup> day of April, 1996.

Pines & University Service Center, Inc.,  
a Florida Corporation

By: [Signature]

Title: Pres.

Print: J. Mario Suarez

FILED  
DIVISION OF CORPORATIONS  
89 APR 18 AM 10:18

# ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been named as registered agent for Pines & University Limited Partnership, a Florida limited partnership (the "Partnership") in the foregoing Certificate of Limited Partnership, I, on behalf of the Partnership, hereby agree to accept service of process for the Partnership and to comply with any and all statutes relative to the complete and proper performance of the duties of registered agent, including Fla. Stat. Section 620.192.

REGISTERED AGENT

Jose Mario Suarez

Address:

50 N. University Drive  
Pembroke Pines, Florida 33024

FILED - STATES  
SECRETARY OF COMMERCE  
APR 18 AM 10:48

State of Florida

County of Palm Beach

The foregoing instrument was acknowledged before this 17<sup>th</sup> day of April, 1996 by Jose Mario Suarez of Pines & University Service Center, Inc., a Florida Corporation, on behalf of the corporation. He/she is personally known to me or has produced a Florida Driver License as identification and who has taken an oath.

My commission expires:



RONALD LEWIS  
My Commission CC478064  
Expires Jul. 09, 1999  
Bonded by HAI  
800-422-1555

Ronald Lewis  
Notary Public  
Printed, typed or stamped name

(serial number)

State of Florida

County of Palm Beach

The foregoing instrument was acknowledged before me this 17<sup>th</sup> day of April, 1996 by Jose Mario Suarez, signifying acceptance as Registered Agent of Pines & University Limited Partnership. He/She is personally known to me or has produced a Florida Driver License as identification and has taken an oath.

My commission expires:



RONALD LEWIS  
My Commission CC478064  
Expires Jul. 09, 1999  
Bonded by HAI  
800-422-1555

Ronald Lewis  
Notary Public  
Printed, typed or stamped name

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

STATE OF FLORIDA  
COUNTY OF Palm Beach County

The undersigned constituting all of the general partners of Pines & University Limited Partnership, a Florida Limited Partnership, certify:

The amount of capital contributions to date of the limited partners is:

\$65,000.00

The total amount contributed and anticipated to be contributed by the limited partners at this time totals:

\$ 65,000<sup>00</sup>

FURTHER AFFIANT SAYETH NAUGHT.

Under the penalties of perjury I (we) declare that I (we) have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Pines & University Service Center, Inc.,  
a Florida Corporation

By: [Signature]  
Title: Pres  
Print: J. Mario Suarez

The foregoing instrument was acknowledged before this 17<sup>th</sup> day of April, 1996 by José Mario Suarez of Pines & University Service Center, Inc., a Florida Corporation, on behalf of the corporation. He/she is personally known to me or has produced a Florida Driver License as identification and who has taken an oath.

My commission expires:



RONALD LEWIS  
My Commission CC478084  
Expires Jul. 09, 1999  
Bonded by HAI  
800-422-1555

[Signature]  
Notary Public  
Printed, typed or stamped name

Ronald Lewis

(serial number)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
96 APR 18 AM 10:48