

1200 HAYS STREET  
TALLAHASSEE, FL 32301-2607

800-142-8086

A96000001091



networks

PRIORITIZED  
LEGAL & FINANCIAL SERVICES

ACCOUNT NO. : 072100000032

REFERENCE : 981546 4320025

AUTHORIZATION :

COST LIMIT : \$

ORDER DATE : June 10, 1996

ORDER TIME : 11:16 AM

ORDER NO. : 981546

CUSTOMER NO: 4320025

CUSTOMER: Ms. Lourdes C. Cambo  
PACKMAN, NEUWAHL & ROSENBERG

1500 San Remo Avenue  
Suite 125  
Coral Gables, FL 33146

100001865741  
-06/10/96--01125--010  
\*\*\*1837.50 \*\*\*1837.50

DOMESTIC FILING

NAME: AARON AND HELEN HERSKOWITZ  
PARTNERSHIP, LTD.

EFFECTIVE DATE:

☒ ARTICLES OF INCORPORATION  
☐ CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☒ CERTIFIED COPY  
☐ PLAIN STAMPED COPY  
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: GLS

EXAMINER'S INITIALS:

G. TAX  
FILING 1752.00  
R. ACNT FEE 25.50  
C COPY 5.50  
TOTAL 1837.50  
N. BANK  
BALANCE DUE  
REFUND

SECRETARY  
DIRECTOR  
95 JUN 10 PM 2:12

NOTED  
56 JUN 10 PM 1:03  
6/10/96

AARON AND HELEN HERSKOWITZ PARTNERSHIP, LTD.  
CERTIFICATE OF LIMITED PARTNERSHIP

Pursuant to § 620.108 of the Florida Statutes, the undersigned persons, desiring to form a Florida Limited Partnership, hereby swear to and affirm as follows:

1. The name of the Limited Partnership shall be AARON AND HELEN HERSKOWITZ PARTNERSHIP, LTD.

2. The character of the business is the acquisition, development, ownership, renting, operation, and/or disposition by sale or exchange of real and/or personal property and/or any other lawful enterprise.

3. The location of the principal place of business is 4990 S.W. 64th Place, Miami, FL 33155. The name and address of the agent for service of process is Howard Herskowitz, Court Park, 212 S.E. 8th Street, Suite 101, Fort Lauderdale, FL 33316.

4. The name and business address of the General Partners shall be as follows:

Aaron Herskowitz  
Helen Herskowitz  
4990 S.W. 64th Place  
Miami, FL 33155

5. The mailing address for the Limited Partnership shall be as follows:

Aaron and Helen Herskowitz Partnership, Ltd.  
4990 S.W. 64th Place  
Miami, FL 33155

6. The term of the Partnership shall commence upon the filing of this Certificate of Limited Partnership with the Secretary of State of the State of Florida, and it shall continue for twenty five (25) years from such filing, unless otherwise terminated or extended in accordance with the provisions of the Partnership Agreement.

IN WITNESS WHEREOF, the parties hereto have executed this Certificate of Limited Partnership on the 27 day of June, 1996, effective upon filing same with the Florida Department of State.

AARON AND HELEN HERSKOWITZ  
PARTNERSHIP, LTD.

BY: [Signature]  
AARON HERSKOWITZ,  
General Partner

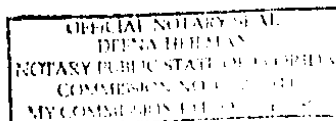
BY: [Signature]  
HELEN HERSKOWITZ,  
General Partner

STATE OF FLORIDA )  
COUNTY OF DADE ) SS:

The foregoing instrument was acknowledged before me this 7<sup>th</sup>  
day of JUNE, 1996, by AARON HERSKOWITZ and HELEN  
HERSKOWITZ, who did execute the foregoing Certificate of Limited  
Partnership as General Partners, who are personally known to me,  
and being first duly sworn, acknowledged before me that they  
executed the same freely and voluntarily for the purposes therein  
expressed.

[Signature]  
Signature - NOTARY PUBLIC

DEENA HEILMAN  
Printed Name of NOTARY PUBLIC



Commission Number \_\_\_\_\_

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been named as Registered Agent for Aaron and Helen  
Herskowitz Partnership, Ltd., a Florida limited partnership in the  
foregoing Certificate of Limited Partnership, I, on behalf of the  
Partnership, hereby agree to accept service of process for said  
Partnership and to comply with any and all Statutes relative to the  
complete and proper performance of the duties of registered agent.

REGISTERED AGENT

[Signature]  
HOWARD HERSKOWITZ

CERTIF  
5/3\*4567

