

A96000000/286

Gerome B. Miller, Esquire
Requestor's Name

1300 N Federal Hwy., #102
Address

Orlando, FL 32832
City/State/Zip Phone #

1000001374091
06/25/96--0101--004
****35.00 ****35.00

1000001374091
06/25/96--0101--005
****1750.00 ****1750.00

Office Use Only

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

1 _____
(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

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

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

Name _____
Availability _____
Duration _____
Expiration _____
Under _____
Ver _____
Fees _____
Taxes _____

FILING 1750.00
C. COPY _____
R. AGENT 35.00
TOTAL 1785.00
BALANCE _____
REFUND \$ _____

Examiner's Initials

**CERTIFICATE OF LIMITED PARTNERSHIP OF
THE BALLIN FAMILY LIMITED PARTNERSHIP NO. 2**

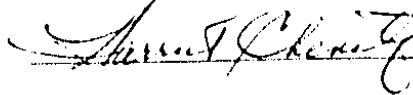
1. The name of the Limited Partnership is THE BALLIN FAMILY LIMITED PARTNERSHIP NO. 2.

2. Pursuant to §620.105 of the Florida Revised Uniform Limited Partnership Act:

a. The principal place of business of the Partnership is 11237 Westland Circle, Boynton Beach, FL 33437

b. The name and address of the Partnership's Registered Agent for service of process shall be Harriet Chenitz, 11237 Westland Circle, Boynton Beach, FL 33437

3. The undersigned does hereby accept appointment as Registered Agent for service of process:



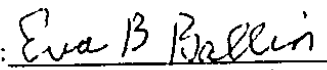
4. The names and business addresses of the General Partners are:

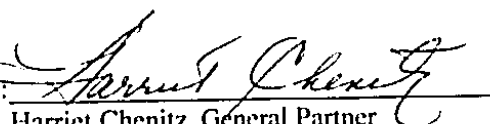
Eva B. Ballin, Apt. 1-A, 350 So. Ocean Blvd., Boca Raton, FL 33432
Harriet Chenitz, 11237 Westland Circle, Boynton Beach, FL 33437
Norman Ballin, 10 DeBell Dr., Atherton, CA 94025

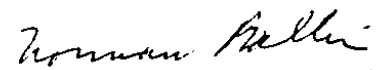
5. The mailing address for the Partnership is 11237 Westland Circle, Boynton Beach, FL 33437

6. The latest date on which the Partnership is to be dissolved is December 31, 2050

Signed this 15th day of May, 1996

By: 
Eva B. Ballin, General Partner

By: 
Harriet Chenitz, General Partner

By: 
Norman Ballin, General Partner

**AFFIDAVIT OF CAPITAL CONTRIBUTIONS
FOR A FLORIDA LIMITED PARTNERSHIP**

The undersigned, constituting all of the general partners of THE BALLIN FAMILY LIMITED PARTNERSHIP NO. 2, a Florida Limited Partnership, certify:

The amount of capital contributions to date of the limited partners is Ninety-seven Dollars (\$97)

The total amount contributed and anticipated to be contributed by the limited partners at this time totals TWO MILLION FIVE HUNDRED THOUSAND Dollars (\$ 2,500,000.00).

FURTHER AFFIANT SAYETH NOT.

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

Eva B. Ballin

Eva B. Ballin, General Partner

Harriet Chenitz

Harriet Chenitz, General Partner

Norman Ballin

Norman Ballin, General Partner