

STEVEN J. ASARCH, P.A.

Law Offices

Steven J. Asarch, J.D., LL.M.  
Member NY and FL Bars

Rhonda V. Gilmore  
Certified Legal Assistant

July 8, 1996

SEVEN FOUR SIX  
-07/10/96-01084-002  
\*\*\*\*140.00\*\*\*\*140.00

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: FLORA FAMILY LIMITED PARTNERSHIP

Dear Sir/Madam:

Enclosed herewith please find the original and one copy of the Certificate of Limited Partnership filed on behalf of our client FLORA FAMILY LIMITED PARTNERSHIP along with my firm's check in the sum of \$140.00 covering the following fees:

Filing Certificate of Limited Partnership	\$ 52.50
Certified copy of Certificate	52.50
Designation of Registered Agent	35.00
<b>TOTAL FEES</b>	<b>\$140.00</b>

Please file the Certificate of Limited Partnership and forward to me a Certificate of Limited Partnership as soon as possible.

Also enclosed is the Affidavit of Capital Contributions and the Acceptance of Appointment as Registered Agent.

Thank you for your attention to this matter. If you have any questions regarding the above, please feel free to call my office.

Sincerely,

Steven J. Asarch  
Attorney at Law

SJA:st

Enclosures

cc: Mr. and Mrs. Michael J. Flora w/encl.

Flora/StateFL.ltr

95 JUL 10 AM 10:32  
SEVEN FOUR SIX  
DIVISION OF CORPORATIONS

JUL 19 1996

## CERTIFICATE OF LIMITED PARTNERSHIP

Pursuant to Section 620.108 of the Florida Statutes, the undersigned person, desiring to form a Florida Limited Partnership, hereby swears to and affirms as follows:

1. The name of the Limited Partnership is **FLORA FAMILY LIMITED PARTNERSHIP**.

2. The business address of the Limited Partnership is 1865 East Eagle Trace Blvd., Coral Springs, Florida 33071.

3. The name and street address of the agent for service of process is Steven J. Asareh, Esquire, 7777 Glades Road, Suite 200, Boca Raton, Florida 33434.

4. The mailing address of the Limited Partnership is 1865 East Eagle Trace Blvd., Coral Springs, Florida 33071.

5. The term of the Limited Partnership shall commence upon the filing of this Certificate of Limited Partnership with the State of Florida, and shall terminate on the 31st day of December, 2036 unless otherwise terminated or extended in accordance with the provisions of the Limited Partnership Agreement.

6. The name and address of the General Partner is as follows:

Flora Family Enterprises, Inc.  
1865 East Eagle Trace Blvd.  
Coral Springs, Florida 33071

F96000012205

Under penalties of perjury, the undersigned declares that he has read the foregoing and knows the contents thereof and that the facts stated herein are true and correct.

Executed this 5 day of July, 1996.

GENERAL PARTNER:

**FLORA FAMILY ENTERPRISES, INC.**

By:

  
MICHAEL J. FLORA, President

**AFFIDAVIT OF CAPITAL CONTRIBUTIONS**

The undersigned, being the sole general partner of **FLORA FAMILY LIMITED PARTNERSHIP**, a Florida Limited Partnership, certifies as follows:

1. The amount of capital contributions to date of the limited partners is \$ 2,000.00.
2. The total amount contributed and anticipated to be contributed by the limited partners at this time totals \$ 2,000.00.

Dated this 5 day of July, 1996.

**FURTHER AFFIANT SAYETH NAUGHT.**

Under the penalties of perjury, the undersigned declares that he has read the foregoing and knows the contents thereof and that the facts stated herein are true and correct.

**FLORA FAMILY ENTERPRISES, INC., General Partner**

By:   
MICHAEL J. FLORA, President

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been named as Registered Agent for **FLORA FAMILY LIMITED PARTNERSHIP**, 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 Limited Partnership and to comply with any and all Statutes relative to the complete and proper performance of the duties of registered agent.

REGISTERED AGENT



STEVEN J. ASARCH

Flora04uprsp.cn

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FILED  
CLERK OF DISTRICT COURT  
JUL 10 2005