CORPORATE ACCESS, INC.

1116 [illegible] Blvd. Mission Square at Tallahassee, Florida 32301

P.O. Box 37[illegible] (904) [illegible] (800) 969-[illegible] Fax (904) 222-[illegible]

A96000001502

WALK-IN

PICK UP 8/12/96 1:00

✓ CERTIFIED COPY _____ CUS _____

✓ PHOTO COPY _____ ✓ FILING Ltd.

1.) Smithco Partners, Ltd.
(CORPORATE NAME & DOCUMENT #)

600001924576
-08/16/96--01071--013
****181.25 ****181.25

2.) _____
(CORPORATE NAME & DOCUMENT #)

3.) _____
(CORPORATE NAME & DOCUMENT #)

4.) _____
(CORPORATE NAME & DOCUMENT #)

5.) _____
(CORPORATE NAME & DOCUMENT #)

6.) _____
(CORPORATE NAME & DOCUMENT #)

7.) _____
(CORPORATE NAME & DOCUMENT #)

8.) _____
(CORPORATE NAME & DOCUMENT #)

9.) _____
(CORPORATE NAME & DOCUMENT #)

10.) _____
(CORPORATE NAME & DOCUMENT #)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 AUG 12 PM 3:53

RECEIVED
96 AUG 12 AM 11:
DIVISION OF CORPORATION

OVERPAYMENT
[illegible] 17.75
FILING 70.00
R. AGENT FEE 35.00
C. COPY 58.50
TOTAL 181.25
N. BANK
BALANCE DUE
REFUND

C. TAX
FILING
R. AGENT FEE
C. COPY
TOTAL
N. BANK
BALANCE DUE
REFUND

SPECIAL INSTRUCTIONS _____

"When you need ACCESS to the world"

CALL THE FILING AND RETRIEVAL AGENCY DEDICATED TO SERVING YOU!

BK 8/12/96 17.75 OVERPAYMENT

CERTIFICATE OF LIMITED PARTNERSHIP
OF

SMITHCO PARTNERS, LTD.

1. SMITHCO PARTNERS, LTD.
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")

2. 2651 N. Federal Hwy., Ft. Lauderdale, FL 33306
(The Business Address of Limited Partnership)

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3. Lawrence J. Buto, II
(Name of Registered Agent for Service of Process)

4. 2651 N. Federal Hwy., Ft. Lauderdale, FL 33306
(Florida Street Address for Registered Agent)

5. _____
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process.)

6. 2651 N. Federal Hwy., Ft. Lauderdale, FL 33306
(The Mailing Address of the Limited Partnership.)

7. The latest date upon which the Limited Partnership is to be dissolved is 12/31/2016.

8. NAME OF GENERAL PARTNER(S) SPECIFIC ADDRESS

SMITHCO LOUNGE, INC. P96000035214	2651 N. Federal Hwy., Ft. Lauderdale, FL 33306

Signed this 31 day of July, 1996.

Signature of all general partners:

SMITHOO LOUNGE, INC.

By: _____
General Partner
Lawrence J. Buto, II, President

_____
General Partner

_____
General Partner

_____
General Partner

_____
General Partner

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DIVISION OF CORPORATIONS
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AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned constituting all of the general partners of SMITHCO PARTNERS, LTD., a Florida Limited Partnership, certify as follows:

The amount of capital contributions to date of the limited partners is $10,000.00.

The total amount contributed and anticipated to be contributed by the limited partners at this time totals $ 10,000.00.

This 31st day of July, 1996.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 AUG 12 PM 3:55

FURTHER AFFIANT SAYETH NOT.

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

SMITHCO LOUNGE, INC.

By: _____
General Partner
Lawrence J. Buto, II, President

_____
General Partner

_____
General Partner

_____
General Partner

_____
General Partner

_____
General Partner

_____
General Partner

A96000001502

STATE OF FLORIDA
OFFICE OF THE COMPTROLLER
APPLICATION FOR REFUND

Section 215.26, Florida Statutes, provides that applications for refunds as provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred. Three years is generally interpreted as meaning three years from the date of payment into the State treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money.

Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section _____*, Florida Statutes, I hereby apply for a refund of moneys I paid into the State treasury, which are subject to refund. The following information is submitted to substantiate the claim.

Name: X IRA L. ZUCKERMAN, P.A. EIN or SS#: 65-0058755

Address: X 7771 W. OAKLAND PARK BLVD. #215

X SUNRISE, FL 33351

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Amount: 17.75 Date Paid _____

Reason for claim: OVERPAYMENT ON 8/12/96 filing

of SMITHCO PARTNERS, LTD.

A96000001502

Certified true and correct this 9th *day of* X August, 19 96.

Signature X _____ President

* Must be completed if authority is other than Section 215.26, Florida Statutes.

For Agency Use Only

Agency recommends approval of above claim and submits the following information to substantiate the claim: *Amount of recommended refund* $ 17.75.

The amount requested above was originally deposited into the State Treasury, as a part of the funds deposited on State Treasurer's Receipt No. 01071 013 *dated* 08/16/96

Name of Account _____

4520213000145300000000010000

Statutory Authority for Collection 620.0182

It is requested that payment be made from the following account:

NAME OF ACCOUNT: _____

4520213000145300000002200 2000

Certified true and correct this _____ *day of* _____, *19*____.

Department of State, Division of Corporations _____
(Agency) (Authorized Signature and Title)

CR2E060(6/95)

A96 [illegible] 7502

1.) [illegible]

2.) [illegible]

3.) [illegible]

4.) (CORPORATE NAME & DOCUMENT #)

5.) (CORPORATE NAME & DOCUMENT #)

6.) (CORPORATE NAME & DOCUMENT #)

7.) (CORPORATE NAME & DOCUMENT #)

8.) (CORPORATE NAME & DOCUMENT #)

9.) (CORPORATE NAME & DOCUMENT #)

10.) (CORPORATE NAME & DOCUMENT #)

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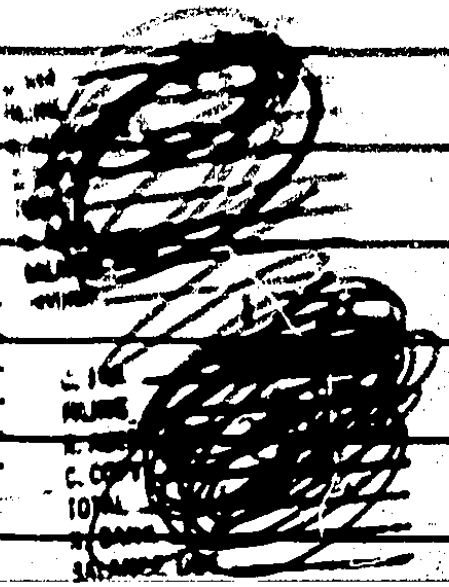
96 AUG 12 AM 11:11
[illegible]

Overpayment

[illegible] 7.75
FILING 7.00
[illegible] 35.00
C. COPY 5.50
TOTAL 101.25
[illegible]
BALANCE DUE [illegible]
[illegible]



SPECIAL INSTRUCTIONS

BK 8/12/96 17.75 OVERPAYMENT

4. [redacted]

5. [redacted]

6. [redacted]

7. [redacted]

8. [redacted]

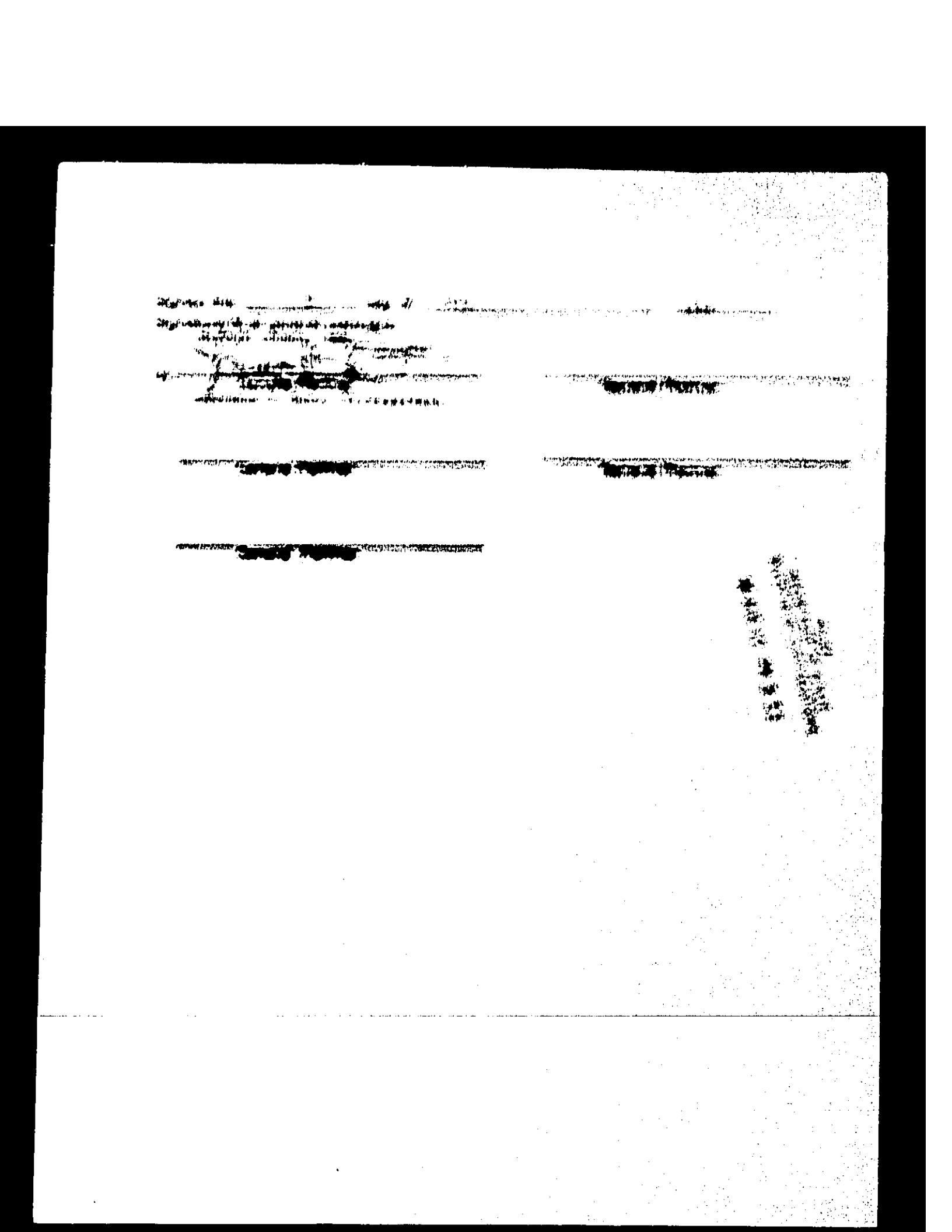
9. [redacted]

10. [redacted]

7. The latest date upon which the Limited Partnership is to be dissolved is [redacted].

8. NAME OF GENERAL PARTNER(S) SPECIFIC ADDRESS

SMITHCO LOUNGE, INC. P96000035219	[redacted] 33306



[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

This ______ day of ______________ 19___.

FURTHER AFFIANT SAITH NOT.

Under the penalties of perjury, I (we) declare that I (we) have read the foregoing [illegible] the facts stated are true, to the best of my knowledge and belief.

[illegible]

By: ______________________
General Partner
[illegible]

____
General Partner

____
General Partner

____
General Partner

____
General Partner

____
General Partner