

A96000001509

CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870
 Mailing Address: Post Office Box 10349, Tallahassee, FL 32302
 TOLL FREE No. 1-800-342-8062
 FAX (904) 222-1222

RE: Cairo Med, Ltd

NAME _____
 FIRM _____
 ADDRESS _____

PHONE () _____

Service: Top Priority _____ Regular _____ **CM**
 One Day Service Two Day Service

To us via _____ Return via _____

Matter No.: _____ Express Mail No. _____

State Fee \$ _____ Our \$ _____

	C.C. FEE.	DISBURSED
Capital Express™		
Art. of Inc. File		
Corp. Record Search		
<input checked="" type="checkbox"/> Ltd. Partnership File		
Foreign Corp. File		
<input checked="" type="checkbox"/> Cert Copy(s)		
Art. of Amend. File		
Dissolution/Withdrawal		
C U S -		
Fictitious Name File		
Name Reservation		
Annual Report/Reinstatement		
Reg. Agent Service		
Document Filing		
Corporate Kit		
Vehicle Search		
Driving Record		
Document Retrieval		
UCC 1 or 3 File		
UCC 11 Search		
UCC 11 Retrieval		
File No.'s, Copies		
Courier Service		
Shipping/Handling		
Phone ()		
Top Priority		
Express Mail Prep.		
FAX () pgs.		

95 AUG 13 11:51 AM
 SPECIAL DELIVERY
 TALLAHASSEE, FLORIDA

FILED

800001927178
 -08/20/96-0132-019
 *****87.50 *****87.50

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

RECEIVED
 95 AUG -9 AM 11:42
 DIVISION OF CORPORATION

REQUEST	TAKEN	CONFIRMED	APPROVED
DATE			
TIME			CK No. _____
BY	<u>AAC</u>		

WALK-IN Will Pick Up 8/20/96

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

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

2. 3026 South Peninsula Drive, Daytona Beach, FL 32118 (The Business Address of Limited Partnership)

3. Magdy Nashed (Name of Registered Agent for Service of Process)

4. 3026 South Peninsula Drive, Daytona Beach, FL 32118 (Florida Street Address for Registered Agent)

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

6. 3026 South Peninsula Drive, Daytona Beach, FL 32118 (The Mailing Address of the Limited Partnership.)

7. The latest date upon which the Limited Partnership is to be dissolved is December, 2050

Table with 2 columns: NAME OF GENERAL PARTNER(S) and SPECIFIC ADDRESS. Row 1: Mounir M. Wassef, 3026 South Peninsula Drive, Daytona Beach, FL 32114

FILED 95 AUG 13 PM 1:54 SECRETARY OF STATE TALLAHASSEE, FLORIDA

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR FLORIDA LIMITED PARTNERSHIP

The undersigned constituting all of the general partners of _____

CAIRO MED, LTD.

a Florida Limited Partnership, certify:

FILED
16 AUG 13 PM 1:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The amount of capital contributions to date of the limited partners is \$ 100.00

The total amount contributed and anticipated to be contributed by the limited partners at this time totals \$ 100.00

Signed this 9th day of August, 19 96

FURTHER AFFIANT SAYETH NOT.

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.

Moumit Wassef
General Partner

General Partner

General Partner

General Partner

General Partner

General Partner