

**A96 000001656**

9/05/96  
1:21 PM

FLORIDA DIVISION OF CORPORATIONS

**PUBLIC ACCESS SYSTEM  
ELECTRONIC FILING COVER SHEET**

((H96000012431 8))

TO: DIVISION OF CORPORATIONS  
(904) 922-4000

FAX #:

FROM: RUBIN BAUM LEVIN CONSTANT FRIEDMAN & BILZIN  
075350000132

ACCT#:

CONTACT: KENDALL SPARKMAN  
PHONE: (305) 374-7580  
(305) 350-2446

FAX #:

NAME: BRIKEN CENTRES, LTD.

AUDIT NUMBER.....H96000012431

DOC TYPE.....FLORIDA LIMITED PARTNERSHIP

CERT. OF STATUS..1

PAGES..... 3

CERT. COPIES.....1

DEL.METHOD.. FAX

EST.CHARGE.. \$148.75

NOTE: PLEASE PRINT THIS PAGE AND USE IT AS A COVER SHEET. TYPE THE FAX

AUDIT NUMBER ON THE TOP AND BOTTOM OF ALL PAGES OF THE DOCUMENT

\*\* ENTER 'M' FOR MENU. \*\*

ENTER SELECTION AND <CR>:

RECEIVED  
96 SEP -6 AM 8:12  
DIVISION OF CORPORATIONS

*A96000001656 9-6-96*

|                   |               |
|-------------------|---------------|
| Name Availability | <i>CR 9-4</i> |
| Document Examiner | <i>DL</i>     |
| Updater           | <i>DL</i>     |
| Updater Verifier  | <i>DL</i>     |
| Acknowledgement   | <i>DL</i>     |
| W. P. Verifier    | <i>DL</i>     |

FILED  
96 SEP -6 PM 1:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

800' d 0400' ON XH/XL 24:11 06/00/80

FILED  
 05 SEP -6 PM 1:15  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Fax Audit No. H96-12431

**CERTIFICATE OF LIMITED PARTNERSHIP  
 OF  
 BRIKEN CENTRES, LTD.**

The undersigned, desiring to form a limited partnership in accordance with the provisions of the Florida Revised Uniform Limited Partnership Act of 1986, as set forth in Sections 620.101 to 620.192, Florida Statutes, as amended, hereby states as follows:

1. The name of the limited partnership is BRIKEN CENTRES, LTD., a Florida limited partnership (the "Limited Partnership").

2. The address of the registered office of the Limited Partnership is:

1390 South Dixie Highway, Suite 1304  
 Coral Gables, Florida 33146.

3. The name and address of the agent for service of process required to be maintained by Section 620.105, Florida Statutes, as amended, are:

Briken Centres, Inc.  
 1390 South Dixie Highway, Suite 1304  
 Coral Gables, Florida 33146.

4. The name and business address of the sole general partner of the Limited Partnership are:

Briken Centres, Inc. P960000073897  
 c/o Centres, Inc.  
 3315 North 124th Street, Suite E  
 Brookfield, Wisconsin 53005.

5. The mailing address for the Limited Partnership is:

c/o Centres, Inc.  
 3315 North 124th Street, Suite E  
 Brookfield, Wisconsin 53005.

6. The latest date upon which the Limited Partnership is to dissolve is December 31, 2050.

The execution of this Certificate of Limited Partnership on behalf of the undersigned sole general partner constitutes an affirmation that the facts stated herein are true.

This instrument prepared by:  
 Brian L. Blich, Esquire  
 Florida Bar No. 244252  
 RUBIN BAUM LEVIN CONSTANT FRIEDMAN & BILZIN  
 2500 First Union Financial Center  
 Miami, Florida 33131-2338  
 Telephone: 308-374-7880

Fax Audit No. H96-12431

000'J 92HC'ON XH/XL 2011 86/80/00

FILED  
 96 SEP -6 PM 1:15  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

12431  
 Fax Andk No. H96-

IN WITNESS WHEREOF, this Certificate of Limited Partnership has been executed in the name and on behalf of the sole general partner of the Limited Partnership as of the 5<sup>th</sup> day of September, 1996.

BRIKEN CENTRES, INC., a Florida corporation

By: Kenneth B. Karl  
 Kenneth B. Karl, President

### ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

The undersigned, as President and on behalf of BRIKEN CENTRES, INC., a Florida corporation (the "Corporation"), which has been designated as registered agent for BRIKEN CENTRES, LTD., a Florida limited partnership (the "Limited Partnership"), in the foregoing Certificate of Limited Partnership of the Limited Partnership, hereby agrees that the Corporation will accept service of process for and on behalf of the Limited Partnership and that the Corporation will comply with any and all laws, including, without limitation, Section 620.192, Florida Statutes, as amended, relating to the complete and proper performance of the duties and obligations of a registered agent of a Florida limited partnership.

Dated: September 5, 1996.

BRIKEN CENTRES, INC., a Florida corporation

By: Kenneth B. Karl  
 Kenneth B. Karl, President

Fax Andk No. H96-12431

010' J 048C'ON XH/XL 11:47 09/05/96

FILED  
56 SEP -6 PM 1:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Fax Audit No. H96-12431

**AFFIDAVIT OF CAPITAL CONTRIBUTIONS**

STATE OF FLORIDA )  
COUNTY OF DADE ) SS:

BEFORE ME, the undersigned authority, a notary public authorized to administer oaths and to take acknowledgments in and for the State and County aforesaid, personally appeared Kenneth B. Karl, as President of BRIKEN CENTRES, INC., a Florida corporation (the "Corporation"), which corporation is the sole general partner of BRIKEN CENTRES, LTD., a Florida limited partnership (the "Limited Partnership"), who, after first being duly sworn on oath, deposes and says as follows on behalf of the Corporation:

1. Affiant is the President and duly authorized to act on behalf of the Corporation, which is the sole general partner of the Limited Partnership.

2. As of the date hereof, the limited partners of the Limited Partnership have actually contributed to the Limited Partnership an aggregate of \$1.00 of the total amount of \$5,000.00 in capital contributions anticipated to be contributed to the Limited Partnership by its limited partners.

3. Affiant is familiar with the nature of an oath and with the penalties as provided by the laws of the State of Florida for falsely swearing to statements made in an instrument of this nature. Affiant has read and understands the contents of this Affidavit and the facts stated herein are true and correct to the best of Affiant's knowledge and belief.

FURTHER AFFIANT SAYS NAUGHT.

*Kenneth B. Karl*  
Kenneth B. Karl

THE FOREGOING INSTRUMENT was sworn to and subscribed before me this 5<sup>th</sup> day of September, 1996, by Kenneth B. Karl, as President of BRIKEN CENTRES, INC., a Florida corporation, on behalf of such corporation; said individual is personally known to me.

My Commission Expires:

[NOTARIAL SEAL]

*Kim M. Ruiz*  
Print Name: Kim M. Ruiz  
NOTARY PUBLIC, State of Florida  
Serial No., if any: \_\_\_\_\_

