

W. RODGERS MOORE, P.A.
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A9600001743

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August 9, 1996

Florida Department of State
Division Of Corporations
409 E. Gaines St.
Tallahassee, Florida 32399

800001919978
-08/13/96--01059--002
***1275.00 ***1275.00

Re: DOMA Family Limited Partnership

Dear Sir/Madam:

wa6000017125

Enclosed please find the "Certificate of Limited Partnership" for DOMA Family Limited Partnership, and the Affidavit of Capital Contributions regarding the capital contributions to the limited partnership by the limited partners.

Attached to this letter please find a check totaling \$1275.00. This represents \$25.00 for the designation of the registered agent and the filing fee of \$1250.00 based on the statements of the paid in capital. Any questions or notice of any problems, as well as acknowledgment of the acceptance of this filing, should be directed to:

W. Rodgers Moore, Esq.
W. Rodgers Moore, P.A.
4800 N. Federal Highway, Suite 210-A
Boca Raton, Florida 33431
ph. (407) 394-7910
fx. (407) 393-6541

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-09/25/96--01001--015
****510.00 ****510.00

Please acknowledge receipt of this letter and the enclosures by date stamping the enclosed copy of this letter and return the same to me in the Federal Express package provided, together with the notice of document number.

Thank you for your assistance in this matter.

A96-1743

Very truly yours,

W. RODGERS MOORE, P.A.

By:

W. Rodgers Moore, Esquire

WRM/dmc
Enclosures

Name	W. Rodgers Moore, P.A.
Availability	Available
Document Examiner	OK
Updater	OK
Updater Verifier	OK
Acknowledgment	OK
W. P. Verifier	OK

FILED
96 SEP 17 AM 11:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
96 SEP 17 AM 11:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOMA FAMILY LIMITED PARTNERSHIP
CERTIFICATE OF LIMITED PARTNERSHIP

The undersigned, for the purpose of forming a limited partnership and being the General Partners thereof, hereby certify:

1. Name. The name and address of the limited partnership is:

DOMA Family Limited Partnership. The address of principal office is: 8625 S.W. 54th Ct., Miami, Florida 33143. The mailing address is: 8625 S.W. 54th Ct., Miami, Fl. 33143

2. Address and Registered Agent. The address of the office and the name and address of the agent for service for process as required by Section 305 of the Florida Revised Limited Partnership Act are as follows:

(a) Office. 4800 N. Federal Highway, Suite 210-A, Boca Raton, Florida 33431

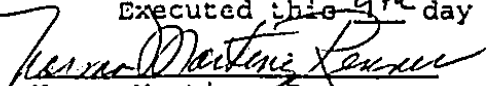
(b) Name and Address of Agent for Service. W. Rodgers Moore, 4800 N. Federal Highway, Suite 210-A, Boca Raton, Florida 33431.


3. Names and Addresses of General Partners. The names and addresses of the general partners of the limited partnership are:

Dora Martinez Haskins	Norma Martinez Renner
8625 S.W. 54th Ct.	and 1424 Grinnell St.
Miami, Fl. 33143	Key West, Fl. 33040

4. Latest Date for Dissolution. The latest date for which the limited partnership is dissolved is January 1, 2075.

Executed this 9th day of August, 1996.


Norma Martinez Renner


Dora Martinez Haskins

Acceptance of Registered Agent

The undersigned by his signature hereby accepts designation as Registered Agent for Service of Process.


W. Rodgers Moore

Dated: August 9, 1996

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

The undersigned General Partners of DOMA Family Limited Partnership a Florida Limited Partnership, hereby certify that:

The amount of capital contributions to date of the limited partners is \$2,775.00.

Affiants hereby execute this Affidavit in their capacity as the general partners.

The total amount contributed and anticipated to be contributed by the limited partners at this time totals \$492,940.00.

FURTHER AFFIANT SAYETH NOT.

Under the 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.

Dora Martinez Maskins
Dora Martinez Maskins

Norma Martinez Renner
Norma Martinez Renner

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TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF FLORIDA)
COUNTY OF Palm Beach) ss:

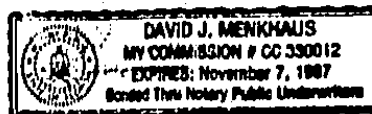
Before me, the undersigned authority, duly authorized to administer oaths and acknowledgements appeared DORA MARTINEZ HASKINS. She is personally known to me () or provided her ~~drivers license as identification~~ and did () did not (x) take an oath.

Witnessed my hand and seal this 9th day of August, 1996.

David J. Menkhous
NOTARY PUBLIC

David J. Menkhous
Print Name

My Commission Expires:



STATE OF FLORIDA)
COUNTY OF Palm Beach) ss:

Before me, the undersigned authority, duly authorized to administer oaths and acknowledgements appeared NORMA MARTINEZ RENNER. She is personally known to me () or provided her drivers license as identification and did () did not () take an oath.

Witnessed my hand and seal this 9th day of August, 1996.

David J. Menkhous
NOTARY PUBLIC

David J. Menkhous
Print Name

My Commission Expires:

