1201 HAYS STREET 800-342-8086 TALLARASSEE, FL 32301-2607 PRINCE HALL LERVICES ACCOUNT NO. 07210000002 REFERENCE : 117558 4141A AUTHORIZATION : COST LIMIT : \$ PREPAID L TAX . ORDER DATE: October 11, 1996 FILING \_ R. AGENT FEE -ORDER TIME : 10:36 AM C. COPY \_\_ ORDER NO. : 117558 TOTAL \_ N. BANK .... CUSTOMER NO: 4141A BALANCE DUE -Ms. Maria Feliciano FFNND 1 CUSTOMER: GUNSTER YOAKLEY VALDES-FAULI & STEWART, P.A. Suite 3400, One Biscayne Tower Two South Biscayne Boulevard Miami, FL 33131 DOMESTIC FILING NAME: F.L. COOPER HEALTH SERVICES, LTD. 000001975250--0 -10/15/96--01211--009 \*\*\*\*140.00 \*\*\*\*140.00 EFFECTIVE DATE: ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: XX CERTIFIED COPY \_\_\_\_ PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Victoria L. Perez

10/1/96

EXAMINER'S INITIALS:

e E

## CERTIFICATE OF LIMITED PARTNERSHIP

OF

## F.L. COOPER HEALTH SERVICES, LTD.



The undersigned, acting as organizer of a Limited Partnership pursuant to the provisions of the Florida Revised Uniform Limited Partnership Act hereby adopts the following certificate for such Limited Partnership:

- 1. The name of the Limited Partnership is F.L. COOPER HEALTH SERVICES, LTD.
- 2. (a) The address of the office of the Partnership at which place the records shall be maintained is:

2 South Biscayne Boulevard Suite 3400 Miami, Florida 33131 Attn: Peter H. Levitt, Esq.

(b) The name and address of the Partnership's agent for service of process is:

Valdes-Fauli Corporate Services, Inc. 2 South Biscayne Boulevard Suite 3400 Miami, FL 33131

## THIS DOCUMENT PREPARED BY:

Mark J. Scheer, Esq.
Gunster, Yoakley, Valdes-Fauli & Stewart, P.A.
Suite 3400 - One Biscayne Tower
2 South Biscayne Boulevard
Miami, Florida 33131
Tel: (305) 376-6040

Florida Bar No.: 0710430

3. The name and address of the General Partner is:

F.L. COOPER HEALTH SERVICES, INC.
2 South Biscayne Boulevard
Suite 3400
Miami, Florida

Miami, Florida Attn: Peter H. Levitt, Esq.

4. The mailing address for the Limited Partnership is:

2 South Biscayne Boulevard Suite 3400 Miami, Florida 33131 Attn: Peter H. Levitt, Esq.

5. The term of the Partnership shall commence on the date of filing of this Certificate with the Secretary of State of Florida and shall continue until April 1, 2026, unless sooner terminated as provided in the Articles of Limited Partnership Agreement.

IN WITNESS WHEREOF, the undersigned General Partner has hereto executed this Certificate as of the 26 day of September, 1996.

GENERAL PARTNER:

F.L. COOPER HEALTH SERVICES, INC. a Florida corporation

196000326g

Allyn S. Patrick, Presider

Attest: Charles B. Hall, Secretary

[CORPORATE SEAL]

STATE OF 1 EXAS

KELLI DIANE SIMMONS
NOTARY PUBLIC
State of Texas

Comm. Exp. 10-

Prin Name: Kelli Diake Simmons

NOTARY PUBLIC State of IEXHS

My Commission Expires: 10-18-97

Having been named to accept service of process for the above stated Limited Partnership, at the place designated in this Certificate of Limited Partnership, I hereby act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.

Valdes-Fauli Corporate Services, Inc.

By:\_\_\_\_

Mark J. Scheer, Vice President

Dated:

. 199

## **AFEIDAVIT**

STATE OF <u>TEXAS</u>)
): SS
COUNTY OF <u>DALLAS</u>)

BEFORE ME, a Notary Public, personally appeared ALLYN S. PATRICK, as President of F.L. Cooper Health Services, Inc., a Florida corporation, general partner of F.L. COOPER HEALTH SERVICES, LTD. (the "Affiant"), who, after first being duly sworn, under oath, deposes and states that:

- 1. Affiant is the duly appointed authorized officer of F.L. COOPER HEALTH SERVICES, INC., a Florida corporation (the "Corporation").
- 2. The Corporation is the General Partner of a Limited Partnership to be formed under the Florida Revised Uniform Limited Partnership Act under the name F.L. COOPER HEALTH SERVICES, LTD.
- 3. The capital contribution and anticipated capital of the initial limited partners is \$1,000.00.
- 4. The Affiant is familiar with the nature of an oath and with the penalties as provided by the laws of the State of Texas for falsely swearing to statements made in an instrument of this nature. Affiant further certifies that he has read the full facts of this affidavit and understands its contents.

FURTHER AFFIANT SAYETH NAUGHT.

Allyn S. Patrick, President

The foregoing instrument was acknowledged before me this U day of the law, 1996 by Allyn S. Patrick who is personally known to me or has produced terms or ver's wicence as identification.

NOTARY PUBLIC State of Texas Comm. Exp. 10-18-97

Print Name: Lelli Dian Simmens

NOTARY PUBLIC

State of IEXAS

My Commission Expires: 10-18-97

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