

*John J. Pender*  
**A960000**  
 1979  
 882-6100

City/State/Zip

Phone #

800001930809--S  
 -10/30/96--01069--017  
 Office Use Only \*\*\*1837.50

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
2. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
3. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
4. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 96 OCT 24 PM 2:18

- ☒ Walk in    
 ☒ Pick up time 300    
 ☒ Certified Copy  
☐ Mail out    
☐ Will wait    
☐ Photocopy    
☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILING 1750.00  
 R. AGENT FEE 35.00  
 R. COPY 52.50  
 TOTAL 1837.50  
 R. BANK \_\_\_\_\_  
 BALANCE DUE \_\_\_\_\_  
 REFUND \_\_\_\_\_

RECEIVED  
 96 OCT 24 AM 10:03  
 DIVISION OF CORPORATIONS

*10/24/96*

Examiner's Initials BH

# FOLEY & LARDNER

ATTORNEYS AT LAW

CHICAGO  
JACKSONVILLE  
LOS ANGELES  
MADISON  
MILWAUKEE  
SACRAMENTO

POST OFFICE BOX 2193  
ORLANDO, FLORIDA 32802-2193  
111 NORTH ORANGE AVENUE, SUITE 1800  
ORLANDO, FLORIDA 32801-2386  
TELEPHONE (407) 423-7686  
FACSIMILE (407) 648-1743

SAN DIEGO  
SAN FRANCISCO  
TALLAHASSEE  
TAMPA  
WASHINGTON D.C.  
WEST PALM BEACH

WRITER'S DIRECT LINE

(407) 244-3226

October 17, 1996

Via Hand Delivery

Secretary of the State of Florida  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida

Re: Scholsohn Family Limited Partnership

Dear Sirs:

Enclosed for filing is an Affidavit and Certificate of Limited Partnership of Scholsohn Family Limited Partnership, together with a check in the amount of \$1,837.50 to cover the filing fee, fee for registered agent, and the cost of a certified copy. Please return a certified copy of the Affidavit and Certificate to the undersigned.

Sincerely,



John A. Sanders

JAS/fec  
Enclosures

FILED STATE  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
96 OCT 24 PM 2:18

**AFFIDAVIT AND CERTIFICATE  
OF LIMITED PARTNERSHIP OF  
SCHOLSOHN FAMILY LIMITED PARTNERSHIP  
A Florida Limited Partnership**

The undersigned, desiring to form a limited partnership pursuant to the laws of the state of Florida, hereby certify and declare as follows:

(1) The name of the partnership is **SCHOLSOHN FAMILY LIMITED PARTNERSHIP**, a Florida limited partnership (the "Partnership").

(2) The principal place of business of the Partnership shall be 4689 Tree Fern Drive, Delray Beach, Florida 33445. This is also the Partnership's mailing address.

(3) The name and street address of the agent for service of process is Ben Scholsohn, 4689 Tree Fern Drive, Delray Beach, Florida 33445.

(4) The names and mailing addresses of the general partners of the Partnership (the "General Partners") are:

<u>Name</u>	<u>Mailing Address</u>
Ben Scholsohn, Trustee under Ben Scholsohn Declaration of Trust dated February 29, 1996	4689 Tree Fern Drive Delray Beach, Florida 33445
Shirley Scholsohn, Trustee under Shirley Scholsohn Declaration of Trust dated February 29, 1996	4689 Tree Fern Drive Delray Beach, Florida 33445

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
96 OCT 24 PM 2:18

(5) The latest date upon which the Partnership is to dissolve and liquidate is December 31, 2026.

(6) The total present and anticipated contributions to the capital of the Partnership made by the limited partners is \$7,800,000.00.

**IN WITNESS WHEREOF**, the undersigned General Partners have executed this Affidavit and Certificate of Limited Partnership on this 16<sup>th</sup> day of October, 1996.

**GENERAL PARTNERS:**

**BEN SCHOLSOHN DECLARATION OF  
TRUST DATED FEBRUARY 29, 1996**

By:   
Ben Scholsohn, Trustee

**SHIRLEY SCHOLSOHN DECLARATION OF  
TRUST DATED FEBRUARY 29, 1996**

By:   
Shirley Scholsohn, Trustee

STATE OF FLORIDA  
COUNTY OF PALM BEACH

The foregoing instrument was acknowledged before me this 14th day of October, 1996, by Ben Scholsohn, Trustee Under Ben Scholsohn Declaration of Trust dated February 29, 1996. Such person did not take an oath and: (notary must check applicable box)

☒ is/are personally known to me.

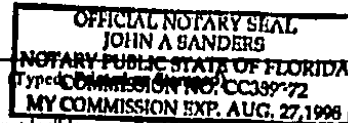
☐ produced a current Florida driver's license as identification.

☐ produced \_\_\_\_\_ as identification.

{Notary Seal must be affixed}

[Signature]  
Signature of Notary

Name of Notary



Commission Number (if not legible on seal): \_\_\_\_\_

My Commission Expires (if not legible on seal): \_\_\_\_\_

FILED STATE  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
96 OCT 24 PM 2:18

STATE OF FLORIDA  
COUNTY OF PALM BEACH

The foregoing instrument was acknowledged before me this 14th day of October, 1996, by Shirley Scholsohn, Trustee Under Shirley Scholsohn Declaration of Trust dated February 29, 1996. Such person did not take an oath and: (notary must check applicable box)

☒ is/are personally known to me.

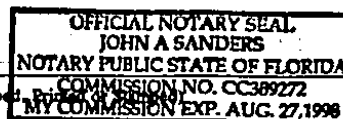
☐ produced a current Florida driver's license as identification.

☐ produced \_\_\_\_\_ as identification.

{Notary Seal must be affixed}

[Signature]  
Signature of Notary

Name of Notary (Type)



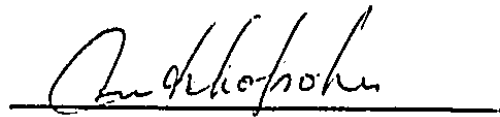
Commission Number (if not legible on seal): \_\_\_\_\_

My Commission Expires (if not legible on seal): \_\_\_\_\_

### **ACCEPTANCE OF APPOINTMENT**

The undersigned acknowledges and accepts his appointment as registered agent of Scholsohn Family Limited Partnership, a Florida limited partnership (the "Partnership"), and agrees to act in that capacity and to comply with the provisions of the Florida Limited Partnership Act relative to keeping open the registered office at the address specified above. The undersigned is familiar with and accepts the obligations of a registered agent appointed as provided for in Chapter 620 of the Florida Statutes.

Date: October 16, 1996



Ben Scholsohn

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
96 OCT 24 PM 2:18