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THE UNITED STATE  COMPANY	ACCOUNT NO.: 07210000032	
	REFERENCE: 554418 430940630000231474	: -> <u>-</u> -
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	COST LIMIT : \$ PREPAID	
ORDER DATE	E : October 6, 1997	D
ORDER TIME		SEC IVISI 97 (
ORDER NO.	: 554418-005	
CUSTOMER N	VO: 4309406	TARY CO.
CUSTOMER:	John I. Van Voris, Esq	OF STATE DRPORATIONS PM 1: 35
	Tampa, FL 33601	
NAM	LTD.  R. AGEN! FEE 38  C. COPY  EFFECTIVE DATE:  101a, 17 cm	10/6/97
	ICLES OF INCORPORATION  ALANGE AND THE SALANGE	
XX CERT	TIFICATE OF LIMITED PARTNERSHIP	
PLEASE RET	TURN THE FOLLOWING AS PROOF OF FILING:	
PL.	ERTIFIED COPY LAIN STAMPED COPY ERTIFICATE OF GOOD STANDING	}
CONTACT PE	ERSON: Daniel W Leggett  EXAMINER'S INITIALS:  ORDERATION  CORPORATION	RECEIVE
	TII: 36 CERATION	<u>M</u>



# CERTIFICATE OF LIMITED PARTNERSHIP OF PONDEROSA TRETINOIN PARTNERS, LTD., a Florida limited partnership

The undersigned general partners desiring to form a limited partnership pursuant to the Florida Revised Uniform Limited Partnership Law as set forth in Part I of Chapter 620 of the Florida Statutes, hereby state the following:

- 1. The name of the Partnership is PONDEROSA TRETINOIN PARTNERS, LTD.
- 2. The address of the office of the Partnership is 13100 Ponderosa Way, Fort Myers, FL 33907.
- 3. The name and address of the agent for service of process on the Partnership is Kim L. Spear, M.D., 3635 Central Avenue, Fort Myers, FL 33901.
- 4. The names and business addresses of the general partner is as follows:

Spear Pharmaceuticals, Inc. 3635 Central Ave. Fort Myers, FL 33901

- 5. The mailing address of the Partnership is 13100 Ponderosa Way, Fort Myers, Florida 33907.
- 6. The latest date upon which the Partnership shall dissolve is December 31, 2047.
- 7. A conveyance or encumbrance of real property held in the Partnership name, and any other instrument affecting title to real property in which the Partnership has an interest shall be executed in the Partnership name by any one of the general partners.

The execution of this Certificate by the undersigned general partner constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

IN WITNESS WHEREOF, this Certificate of Limited Partnership has been executed by the general partner of Ponderosa Tretinoin, Partners, Ltd. this day of September, 1997.

### GENERAL PARTNER:

SPEAR PHARMACEUTICALS, INC., General Partner

Kim L. Spear, M.D., President

### AFFIDAVIT OF CAPITAL CONTRIBUTIONS

Under penalties of perjury, the undersigned General Partner of Ponderosa Tretinoin Partners, Ltd., a Florida limited partnership (the "Partnership") hereby swear and affirm that the total amount of capital contributed by the limited partners of the Partnership is \$500,000. No additional limited partner contributions are anticipated.

IN WITNESS WHEREOF, this Affidavit of Capital Contribution has been executed by the general partner of Ponderosa Tretinoin Partners, Ltd. this 50 day of September, 1997.

SPEAR PHARMACEUTICALS, INC., General Partner

By: Kim L. Spear, M.D., President

STATE OF FLORIDA

COUNTY OF LEE

The foregoing Affidavit of Capital Contribution was acknowledged before me this \_5' day of September, 1997 by Kim L. Spear, M.D., as President of Spear Pharmaceuticals, Inc., who is personally known to me, \( \sqrt{o}\) or who has produced the following identification: \_\_\_\_\_\_ (check one) and who did take an oath.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the State and County aforesaid this \_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_, 1997.

KAREN E. GERRY
MY COMMISSION # CC345751 EXPIRES
Fabruary 22, 1998
BOHDED THRU TROY FAIN INSURANCE, INC.

Name: KAREN E. GERRY (print)

NOTARY PUBLIC

Commission No.: (C345751

Commission Expiration Date: 2-22-98

### ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been named as registered agent for Ponderosa Tretin	ioin
Partners, Ltd., a Florida limited partnership (the "Partnershi	.p")
	the
undersigned, on behalf of the Partnership, hereby agrees to acc	:ept
service of process for said Partnership and to comply with any	and
all statutes relative to the complete and proper performance of	the
duties of registered agent.	2 5 2
	3 53
REGISTERED AGENT:	上 四元
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Kim/L. Spear, M.D.	35

STATE OF FLORIDA

COUNTY OF LEE

The foregoing Acceptance of Appointment as Registered Agent was acknowledged before me this 5% day of September, 1997 by Kim L. Spear, M.D., who is personally known to me, or who has produced the following identification: (check one) and who did take an oath,

KAREN E. GERRY MY COMMISSION # CC345751 EXPINES February 22, 1998 BONDED THRU TROY FAIN INSURANCE, INC.

Name: KAREN E. GERRY

NOTARY PUBLIC

Commission No.: (C34575/

Commission Expiration Date: 2-22.98

# STATE OF FLORIDA

## COUNTY OF LEE

The foregoing instrument was acknowledged before me this 50 day of September, 1997 by Kim L. Spear, M.D., as President of Spear Pharmaceuticals, Inc., the general partner of Ponderosa Tretinoin
Partners, Ltd., a Florida limited partnership, Wwho is personally
known to me, $\square$ or who has produced the following identification:  (gheck one) and who did take an
oath.

KAREN E. GERRY MY COMMISSION # CC345751 EXPIRES Fabruary 22, 1998 BORDED THRU TROY FAIN INSURANCE, INC.

Yekhy E. GERRY (print) Name:

NOTARY PUBLIC Commission No.: Cc 345 75/
Commission Expiration Date: 2-22