



**THE UNITED STATES  
CORPORATION**  
COMPANY

# A97000002197

ACCOUNT NO. : 072100000032

REFERENCE : 561085 4311473

AUTHORIZATION :

COST LIMIT : \$ PREPAID

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
97 OCT 10 PM 2:38

ORDER DATE : October 10, 1997

ORDER TIME : 10:21 AM

ORDER NO. : 561085-005

CUSTOMER NO: 4311473

CUSTOMER: Ms. Louise J. Allen  
STEARNS WEAVER MILLER WEISSLER  
ALHADEFF & SITTERSON, P.A.  
Museum Tower, Suite 2200  
150 West Flagler Street  
Miami, FL 33130

900002320029--9  
-10/14/97--01057--007  
\*\*\*1526.00 \*\*\*1526.00

G. TAX	1,386.00
FILING	35.00
R. AGENT FEE	113.75
TOTAL	1,534.75
N. BANK	
BALANCE DUE	
REFUND	

DOMESTIC FILING

NAME: COMMERCIAL BUSINESS PARK, LTD.

900002320029--9  
-10/14/97--01057--008  
\*\*\*\*\*8.75 \*\*\*\*\*8.75

EFFECTIVE DATE:

ARTICLES OF INCORPORATION  
XX CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX - TWO CERTIFIED COPY  
PLAIN STAMPED COPY  
XX CERTIFICATE OF GOOD STANDING ☒

CONTACT PERSON: Jeanine Glisar

EXAMINER'S INITIALS:

RECEIVED  
97 OCT 10 AM 11:11  
DIVISION OF CORPORATIONS

**CERTIFICATE OF LIMITED PARTNERSHIP**

**OF**

**COMMERCIAL BUSINESS PARK, LTD.**

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Pursuant to Section 620.108 of the Florida Revised Uniform Limited Partnership Act, the undersigned, being the General Partners of COMMERCIAL BUSINESS PARK, LTD., a Florida limited partnership (the "Partnership"), hereby execute and submit for filing with the Department of State, State of Florida, this Certificate of Limited Partnership, to read as follows:

1. The name of the Limited Partnership is:  
  
COMMERCIAL BUSINESS PARK, LTD.
2. The office and principal place of business for the Partnership currently is:  
  
2005 West Cypress Creek Road  
Suite 202  
Ft. Lauderdale, Florida 33309
3. The name and address of the agent for service of process on the Partnership  
is:  
  
Shawn Bayne, Esq.  
Stearns Weaver Miller Weissler  
Alhadeff & Sitterson, P.A.  
Suite 1900  
200 East Broward Boulevard  
Fort Lauderdale, Florida 33301
4. The names and addresses of the General Partners of the Partnership are:  
  
Commercial Business Park, Inc. - (Charter No. P97000084792)  
2005 West Cypress Creek Road  
Suite 202  
Ft. Lauderdale, Florida 33309  
  
I.L.M.D.M., Inc.  
3706 DMG Drive  
Lakeland, Florida 33811  
L55097
5. The mailing address of the Partnership is:  
  
2005 West Cypress Creek Road  
Suite 202  
Ft. Lauderdale, Florida 33309

6. The latest date upon which the Partnership shall dissolve is December 31, 2057.


IN WITNESS WHEREOF, the undersigned has signed this Certificate as sole General Partner pursuant to the provisions of Section 620.114 of the Florida Revised Uniform Limited Partnership Act.

DATED: October 7, 1997

COMMERCIAL BUSINESS PARK, INC.  
a Florida corporation, as General Partner

By:   
Samuel Butters, President

I.L.M.D.M., Inc.  
a Florida corporation, as General Partner

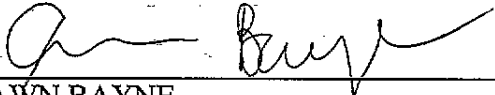
By:   
W. Michael Moore, President

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**ACCEPTANCE OF APPOINTMENT OF REGISTERED AGENT**

The undersigned hereby accepts her appointment as registered agent for COMMERCIAL BUSINESS PARK, LTD., a Florida limited partnership and states that it is familiar with and accepts the obligations provided for in Florida Statutes Section 607.0501.

DATED: September 30, 1997

  
SHAWN BAYNE

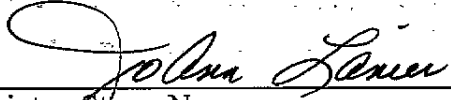
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Butters, as  
M.D.M.  
a limited

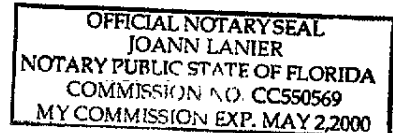
BEFORE ME, the undersigned authority, personally appeared Samuel Butters as President of Commercial Business Park, Inc. and W. Michael Moore as President of I.L.M.D. Co., Inc., respectively, as General Partners of Commercial Business Park, Ltd., a Florida limited partnership (the "Partnership"), who state as follows:

- 4 -

The foregoing instrument was acknowledged before me this 7 day of October, 1997 by W. MICHAEL MOORE as President of I.L.M.D.M., Inc., as a General Partner of Commercial Business Park, Ltd., a Florida limited partnership (the "Partnership"), who is personally known to me or who has produced a driver's license as identification and who did not take an oath.

  
\_\_\_\_\_  
Print or Stamp Name:  
Notary Public, State of Florida at Large  
Commission No.:  
My Commission Expires:

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