

A9700002632

Requestor's Name _____
 Address _____
 City/State/Zip _____ Phone # _____

Office Use Only

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

1. SRA/CCD, LTD
 (Corporation Name) (Document #)
2. _____
 (Corporation Name) (Document #)
3. _____
 (Corporation Name) (Document #)
4. _____
 (Corporation Name) (Document #)

FILED
 97 DEC 15 PM 3:42
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

- Walk in Pick up time 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

100002364811--5
 -12/08/97--01001--021
 ***1793.75 ***1793.75

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

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

~~788~~
 LP 1785.00
 CRT 8.75
 12/5/97

Examiner's Initials BK

CERTIFICATE OF LIMITED PARTNERSHIP

OF

SRA/CCD, LTD.

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TALLAHASSEE FLORIDA

The undersigned General Partner hereby forms a limited partnership pursuant to and in accordance with the Florida Revised Uniform Limited Partnership Act (Florida Statutes Section 620.101, et. seq.) as follows:

1. Name.

The name of the limited partnership (the "Partnership") is SRA/CCD, Ltd.

2. Registered Office.

The registered office of the Partnership in the State of Florida is White & Case, 200 S. Biscayne Boulevard, Suite 4900, Miami, Florida 33131.

3. Registered Agent.

The name and address of the registered agent of the Partnership for service of process on the Partnership in the State of Florida is K. Lawrence Gragg, c/o White & Case, 200 S. Biscayne Boulevard, Suite 4900, Miami, Florida 33131.

4. General Partner.

The name and business address of the General Partner is as follows:

SRA/CCD, Inc.
5345 Pine Tree Drive
Miami Beach, Florida 33140

~~3974070~~
D9 90001 02 723

5. Mailing Address.

The mailing address of the Partnership is 5345 Pine Tree Drive, Miami Beach, Florida 33140.

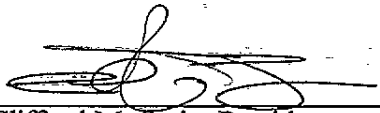
6. Dissolution.

The latest date upon which the Partnership will dissolve is December 31, 2043.

IN WITNESS WHEREOF, the undersigned has duly executed this Certificate of Limited Partnership as of the 12th day of September, 1997.

GENERAL PARTNER:

SRA/CCD, INC., a Florida corporation

By: 
Clifford M. Stein, President

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**CERTIFICATE DESIGNATING REGISTERED AGENT
AND REGISTERED OFFICE**

In compliance with Florida Statutes Section 620.192, the following is submitted:

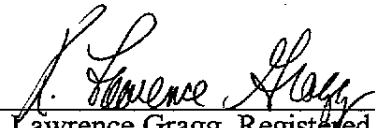
SRA/CCD, Ltd., desiring to organize as a limited partnership under the laws of the State of Florida, has designated White & Case, 200 S. Biscayne Boulevard, Suite 4900, Miami, Florida 33131, as its initial Registered Office and has named K. Lawrence Gragg, located at said address as its initial Registered Agent.

SRA/CCD, Inc.
General Partner

By: 
Clifford M. Stein, President

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Having been named Registered Agent for the above stated limited partnership, at the designated Registered Office, the undersigned hereby accepts said appointment and agrees to comply with the provisions of Florida Statutes Section 620.192 relative to keeping open said office.

By: 
K. Lawrence Gragg, Registered Agent

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned, personally appeared Clifford M. Stein, President of SRA/CCD, Inc., a Florida corporation, constituting the sole general partner of SRA/CCD, Ltd., a Florida limited partnership, hereinafter referred to as the "Partnership," who, upon being sworn, certified as follows:

1. The amount of capital contributions of the limited partners is \$495,000.
2. The total anticipated amount of the capital contributions of the limited partners is \$495,000.

This 12th day of September, 1997.

FURTHER AFFLIANT SAYETH NOT.

Under penalties of perjury I declare that I have read the foregoing and that the facts alleged are true, to the best of my knowledge and belief.

General Partner:

SRA/CCD, Inc.

By: 
Clifford M. Stein, President

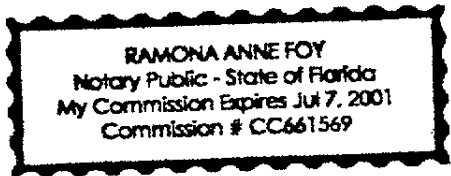
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SECRETARY OF STATE
TALLAHASSEE FLORIDA


STATE OF FLORIDA :

SS

COUNTY OF DADE :

The foregoing instrument was acknowledged before me this 12th day of September, 1997 by Clifford M. Stein, President of SRA/CCD, Inc., a Florida corporation, who is personally known to me or who has produced _____ as identification.




Name:
Notary Public
State of Florida
My Commission Expires: