' CAPITAL CONNECTION, INC

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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CERTIFICATE OF LIMITED PARTNERSHIP OF SOUTHBEND VENTURES, LTD.

- 1. The name of the Partnership is SOUTHBEND VENTURES, LTD.
- 2. The address of the Partnership's office is c/o Steven G. Vitale, Esq., 23B S.W. Osceola Street, Stuart, FL 34994.
- 3. The name and address of the agent for service of process is Steven G. Vitale, Esq., 23B S.W. Osceola Street, Stuart, Florida 34994.
- 4. The name and business address of the general partner is as follows:

PSL Investors, Inc. c/o Steven G. Vitale, Esq. 23B S.W. Oscela Street Stuart, FL 34994 Phone (561) 781-1999 DEC 22 PM 1: 2

5. A mailing address for the Limited Partnership is 5

c/o_Steven G. Vitale, Esq.
23B S.W. Osceola Street
Stuart, FL 34994
Phone (561) 781-1999

- 6. The Limited Partnership is formed as of the date of filing hereof.
- 7. The latest date upon which the Limited Partnership is to dissolve is December 1, 2037.

This Certificate of Limited Partnership of SOUTHBEND VENTURES, LTD., has been executed on the 19th day of December, 1997. By such execution, the general partner whose signature is set forth below hereby affirms, under penalties of perjury, that the facts stated herein are true.

GENERAL PARTNER: SOUTHBEND VENTURES, LTD, a Florida limited partnership by its general partner:

PSL INVESTORS, INC., a Florida corporation

Otto Vitale, President

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been named as Registered Agent for SOUTHBEND VENTURES, LTD., a Florida Limited Partnership (the "Partnership"), in the foregoing Certificate of Limited Partnership, I, on behalf of the Partnership hereby agree to accept service of process for the Partnership and to comply with any and all statutes relative to the complete and proper performance of the duties of Registered Agenty

> Steven G. ∀itale, Registered

Agent.

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR FLORIDA LIMITED PARTNERSHIP

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SS.

COUNTY OF MARTIN

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the state aforesaid and in the county aforesaid to take oaths, personally appeared Otto Vitale, and after being duly sworn he deposed on oath and stated as poil of	97 D
Investors, Inc., a Florida corporation. I have personal knowledge of the facts herein.	
2. The amount of capital contributions to date of the limited partner is \$100.00.	: 26
3. The total amount anticipated to be contributed by the limited partners of SOUTHBEND VENTURES, LTD. is One Hundred	.e

Otto/Vitale

SWORN TO AND SUBSCRIBED before me by Otto Vitale $\underline{\checkmark}$ known to me to be the aforesaid individual or $\underline{}$ identified to me by ______, this <u>/9</u> day of

December, 1997.

Dollars (\$100.00).

Notary Public, State of Florida My commission Expires:

My commission number:

(Notary Seal)

BONNIE H. WALTON Notary Public, State of Florida My Comm. Expires Oct. 18, 1998 No. CC 414129 Breited Thru (Difficial Motary Gersice