# CÁPITAL CONDECTION, AND 417 E. Virgin Str. - 8 lite de Telena see Flatid 12302 (850) 224-88 0 • 800-347-80 2 • 4Fax (810) 22 122

S/Sawgrass) Plaza, LTD.	200024646224 -03/23/9801006024 ****140.00 ****140.00
FUL Secondal  M  Signature  Requested by: 3/23/98 9:24	Art of Inc. File    Foreign Corp. File     L.C. File     Fictitious Name File     Trade/Service Mark     Merger File     Art. of Amend. File     RA Resignation     Dissolution / Withdrawal     Annual Report / Reinstatement     Cert. Copy     Photo Copy     Certificate of Good Standing     Certificate of Fictitious Name     Corp Record Search     Officer Search     Fictitious Owner Search     Vehicle Search     Driving Record     UCC 1 or 3 File     UCC 11 Search     UCC 11 Se
Name Date Time	UCC 11 Search  UCC 11 Retrieval

# S/SAWGRASS PLAZA, LTD. A FLORIDA LIMITED PARTNERSHIP CERTIFICATE OF LIMITED PARTNERSHIP

The undersigned General Partner desiring to form a limited partnership pursuant the Florida Revised Uniform Limited Partnership Law as set forth in Section 620.101,e seg. of the Florida Statutes, hereby states the following:

- The name of the Partnership is S/SAWGRASS PLAZA, LTD. 1.
- The address of the office of the Partnership is 6400 North Andrews Avenue, 2. Fort Lauderdale, Florida 33309.
- The name and address of the agent for service of process on the Partnership 3. is BRYAN W. DUKE, ESQUIRE, 6400 North Andrews Avenue, 5th Floor, Fort Lauderdale, Florida 33309.
  - The name and business address of the General Partner is as follows: 4. BERMONSHERK

S/SAWGRASS PLAZA, INC. 6400 North Andrews Avenue Fort Lauderdale, Florida 33309

The mailing address of the Partnership is 6400 North Andrews Avenue, Fort 5. Lauderdale, Florida 33309.

- The latest date upon which the Partnership shall dissolve is March 20, 2038. 6.
- The total anticipated Capital Contributions to be paid into the Partnership is 7. and shall be FIVE THOUSAND AND NO/100 (\$5,000.00) DOLLARS.

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

IN WITNESS WHEREOF, this Certificate of Limited Partnership has been execu by the General Partner of S/SAWGRASS PLAZA, LTD. this 20th day of March, 1998.

> S/SAWGRASS PLAZA, INC., general partner of S/SAWGRASS PLAZA, LTD-

Bryan W. Duke Vice President

STATE OF FLORIDA

**COUNTY OF BROWARD** 

The foregoing instrument was acknowledged before me by Bryan W. Duke, Vice President of S/SAWGRASS PLAZA, INC., a Florida corporation, as General Partner of S/SAWGRASS PLAZA, LTD., a Florida limited partnership, who is personally known to me.

**NOTARY PUBLIC:** 

Sign:

Print:

(SEAL)

My commission Expires:

### ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been named as registered agent for of S/SAWGRASS PLAZA, 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 said Partnership and to comply with any and all Statutes relative to the complete and proper performance of the duties of registered agent.

REGISTERED AGENT:

BRYAN W. DUKE

## AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned constituting all of the general partners of S/SAWGR PLAZA, LTD., a Florida Limited Partnership, certify as follows:

The amount of capital contributions to date of the limited partners is \$5,000 No further limited partner contributions are anticipated.

This 20th day of March, 1998.

### FURTHER AFFIANT 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.

> S/SAWGRASS PLAZA, INC., general partner of S/SAWGRASS PLAZA, LTD.

> > Bryan W. Duke. Vice President

STATE OF FLORIDA COUNTY OF BROWARD

The foregoing instrument was acknowledged before me by Bryan W. Duke, Vice President of S/SAWGRASS PLAZA, INC., a Florida corporation, which is general partner of S/ SAWGRASS PLAZA, LTD., a Florida limited partnership, who is personally known to me and who did take an oath.

NOTARY PUBLIC:

(SEAL)

My Commission Expires: