

*Eckert Seaman*  
**A98000001018**

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

Office Use Only

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

1. Cove Road Investments, Ltd.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

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DIVISION OF CORPORATIONS  
98 APR 23 PM 4:32

- ☐ 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 checked="" 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

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-04/23/98--01078--004  
\*\*\*\*148.75 \*\*\*\*148.75

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

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

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TALLAHASSEE, FLORIDA

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Examiner's Initials	
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**AFFIDAVIT  
AND  
CERTIFICATE OF LIMITED PARTNERSHIP  
OF  
COVE ROAD INVESTMENTS, LTD.**

The undersigned, desiring to form a limited partnership under the Florida Revised Uniform Limited Partnership Act (1986), hereby state the following as the **CERTIFICATE OF LIMITED PARTNERSHIP** and **AFFIDAVIT DECLARING AMOUNT OF CAPITAL CONTRIBUTIONS**.

1. The name of the Limited Partnership is **COVE ROAD INVESTMENTS, LTD.**
2. The office of the Partnership is located at 5651 N.W. 29th Street, Margate, Florida, 33063, which is also the location of its principal place of business and its mailing address.
3. The name and address of the agent for service of process required by F.S. § 620.105 are:

**Wesley Weeks**  
5651 N.W. 29th Street  
Margate, Florida 33063

4. The name and address of the General Partner are:

**Cove Road Investments, Inc.**, a Florida corporation  
5651 N.W. 29th Street  
Margate, Florida 33063

5. The name and address of the Limited Partners are:

**Jeffrey S. Roschman**  
c/o APEX Development Corp.  
5651 N.W. 29th Street  
Margate, Florida 33063

**Robert J. Roschman**  
c/o APEX Development Corp.  
5651 N.W. 29th Street  
Margate, Florida 33063

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6. The term of the Partnership shall commence with the filing of the Partnership's Certificate of Limited Partnership and shall continue until December 31, 2048, unless the Partnership is sooner dissolved in accordance with the provisions of its Agreement of Limited Partnership.

7. In accordance with F.S. § 620.108, the undersigned hereby certify and declare, under the penalties of perjury, that the Limited Partners have made the cash capital contribution to the Partnership set forth opposite his name below:

Jeffrey S. Roschman	\$ 497.50
Robert J. Roschman	\$ 497.50

which is the total amount contributed and anticipated to be contributed by the Limited Partners at this time.

8. Except as specifically provided in the Agreement of Limited Partnership, no Partner shall be entitled to demand or receive the return of his, her or its original capital contribution.

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IN WITNESS WHEREOF, the undersigned have executed this Certificate of Limited Partnership and Affidavit Declaring Amount of Capital Contribution this 23 day of April, 1998.

**GENERAL PARTNER**

Cove Road Investments, Inc., a Florida corporation

By: Wesley Weeks  
Wesley Weeks, its President

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**LIMITED PARTNERS**

Jeffrey S. Roschman  
Jeffrey S. Roschman

Robert J. Roschman  
Robert J. Roschman

I HEREBY CERTIFY that I am WESLEY WEEKS and I hereby accept the foregoing designation of Resident Agent.

Wesley Weeks  
WESLEY WEEKS

STATE OF FLORIDA )

COUNTY OF Broward )

) SS:

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid to take acknowledgments, the foregoing instrument was acknowledged before me by **Wesley Weeks**, as President of **Cove Road Investments, Inc.**, a Florida corporation, who is personally known to me or who has produced FL Drivers License as identification.

WITNESS my hand and official seal in the County and State last aforesaid this 23 day of April, 1998.

Brett D. Marley  
Notary Public  
State of Florida



Typed, printed or stamped name of Notary Public

My Commission Expires:

STATE OF FLORIDA )

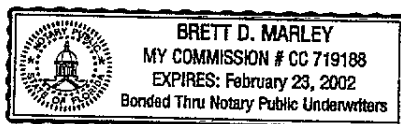
COUNTY OF Broward )

) SS:

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid to take acknowledgments, the foregoing instrument was acknowledged before me by **Robert J. Roschman** who is personally known to me or who has produced FL Drivers License as identification.

WITNESS my hand and official seal in the County and State last aforesaid this 23 day of April, 1998.

Brett D. Marley  
Notary Public  
State of Florida



Typed, printed or stamped name of Notary Public

My Commission Expires:

STATE OF FLORIDA                     )  
  ) SS:  
COUNTY OF Broward                     )

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid to take acknowledgments, the foregoing instrument was acknowledged before me by **Jeffrey S. Roschman** who is personally known to me, or who has produced FL Drivers Licence as identification.

WITNESS my hand and official seal in the County and State last aforesaid this 23 day of April, 1998.



Brett D. Marley  
Notary Public  
State of Florida

\_\_\_\_\_  
Typed, printed or stamped name of Notary Public

My Commission Expires:

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