



A9800000/269

ACCOUNT NO. : 072100000032

REFERENCE : 827342 11758A

AUTHORIZATION :

Patricia Pugh

COST LIMIT : \$ 140.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 MAY 21 AM 11:55

ORDER DATE : May 21, 1998

ORDER TIME : 9:17 AM

ORDER NO. : 827342-005

CUSTOMER NO: 11758A

CUSTOMER: Jeffrey S. Wachs, Esq
DOUMAR CURTIS CROSS LAYSTROM
PERLOFF
1177 Southeast Third Avenue

Fort Lauderdale, FL 33316

300002531350-5

DOMESTIC FILING

NAME: THE STEVENS FAMILY LIMITED
PARTNERSHIP

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION
XX CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Stacy L Earnest

EXAMINER'S INITIALS

A98-1269

Name	AL5-21
Availability	
Document Examiner	AL
Updater	AL
Updater Verifier	AL
Acknowledgment	
W. P. Verifier	AL

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98 MAY 21 AM 10:49

CERTIFICATE OF LIMITED PARTNERSHIP

OF

THE STEVENS FAMILY LIMITED PARTNERSHIP

THE UNDERSIGNED, constituting the General Partner of THE STEVENS FAMILY LIMITED PARTNERSHIP, a Florida Limited partnership, hereby files its Certificate of Limited Partnership in accordance with Chapter 620, Florida Statutes, as follows:

1. Name of the Partnership. THE STEVENS FAMILY
LIMITED PARTNERSHIP
2. The address of the office of the Partnership is.
11390 Lakeshore Drive
Cooper City, FL 33026
3. Name and addresses of the agent for the service
of process on the Partnership is.
JEFFREY S. WACHS, ESQ.
1177 S.E. 3rd Avenue
Fort Lauderdale, FL 33316
4. Name and business address of the General Partner is.
ROBERT D. STEVENS
NANCY L. STEVENS
11390 Lakeshore Drive
Cooper City, FL 33026

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5. Mailing address of the Partnership is.

THE STEVENS FAMILY
LIMITED PARTNERSHIP
c/o Robert D. Stevens
Nancy L. Stevens
General Partners
11390 Lakeshore Drive
Cooper City, FL 33026


6. Latest date upon which the Partnership will dissolve.


Will be in accordance with Section 620.157
of the Florida Statute, however, no later than
December 31, 2047.

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

IN WITNESS WHEREOF, the undersigned has duly executed this
Certificate of Limited Partnership of THE STEVENS FAMILY LIMITED
PARTNERSHIP, this 3rd day of April, 1998.

GENERAL PARTNER:


By: ROBERT D. STEVENS

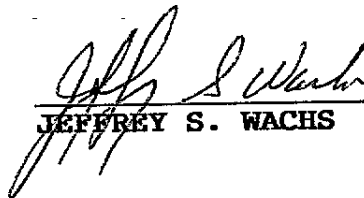

By: NANCY L. STEVENS

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98 MAY 21 AM 11:55

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been named as Registered Agent for **THE STEVENS FAMILY LIMITED PARTNERSHIP**, a Florida limited partnership ("Partnership"), in the foregoing Certificate of Limited Partnership, I, on behalf of the Partnership agree to comply with any and all statutes relative to the complete and proper performance of the duties of a registered agent.

REGISTERED AGENT:



JEFFREY S. WACHS

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AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned authority, personally appeared ROBERT D. STEVENS and NANCY L. STEVENS, the General Partners of **THE STEVENS FAMILY LIMITED PARTNERSHIP**, a Florida limited partnership, herein referred to as the "Partnership", who, upon being duly sworn, certified as follows:

1. As of the date hereof, the amount of capital contributions to the Partnership made by the Limited Partners is as follows:

\$5,000.00

2. The amount of capital contributions anticipated to be contributed by additional Limited Partners is as follows:

NONE

3. Affiant has executed this Affidavit of Capital Contributions as the duly authorized representative of the General Partner of said Partnership.

FURTHER AFFIANT SAYETH NOT.

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

DATED this 3rd day of April, 1998.


ROBERT D. STEVENS


NANCY L. STEVENS

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DIVISION OF CORPORATIONS

STATE OF FLORIDA)
 SS:
COUNTY OF BROWARD)

SWORN TO AND SUBSCRIBED before me, the undersigned authority,
by ROBERT D. STEVENS, who appeared personally before me and took
an oath, who is personally known to me or who produced

_____ as
identification, on this 3rd day of April, 1998.



LISA D. BELENSON
COMMISSION # CC 399213
EXPIRES AUG 10, 1998
BONDED THRU
ATLANTIC BONDING CO., INC.

Lisa D. Belenson
Notary Public, State of Florida
Print Name: Lisa D. Belenson
My Commission Number: CC399213
My Commission Expires: 8/10/98

STATE OF FLORIDA)
 SS:
COUNTY OF BROWARD)

SWORN TO AND SUBSCRIBED before me, the undersigned authority,
by NANCY L. STEVENS, who appeared personally before me and took
an oath, who is personally known to me or who produced

_____ as
identification, on this 3rd day of April, 1998.



LISA D. BELENSON
COMMISSION # CC 399213
EXPIRES AUG 10, 1998
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ATLANTIC BONDING CO., INC.

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