

ORLANDO ICEPLEX  
MANAGEMENT CORP.

May 22, 1998  
**A98000001335**

Division of Corporations  
Florida Dept. of State  
Tallahassee, FL

RE: Orlando IcePlex Ltd.

100002539391--8  
-05/28/98--01081--002  
\*\*\*1837.50 \*\*\*1837.50

Enclosed are:

- Certificate of Limited Partnership
- Affidavit of Capital Contributions
- A check for \$1837.50 (\$1750.00 filing fee; \$35.00 designation of Registered Agent; \$52.50 for a certified copy)

Please mail the acknowledgement and Certificate to:

Orlando IcePlex Management Corp.  
1384 Heritage Acres Blvd, Suite A  
Rockledge, FL 32955

The name of the contact person is:

Boaz Bar-Navon  
daytime phone # 407-690-2222

FILED  
98 MAY 28 AM 9:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA


Sincerely,

Name	<i>Boaz Bar-Navon</i>
Availability	<i>Boaz Bar-Navon</i>
Document Examiner	
Updater	
Updater Verifier	
Acknowledgement	DCC
W. P. Verifier	DCC

**A98000001335**

TC  
\$1,000,000.00

# CERTIFICATE OF LIMITED PARTNERSHIP

1. Orlando IcePlex, Ltd.  
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")
2. 1384 Heritage Acres Blvd, Suite A, Rockledge, FL 32955  
(Business address of Limited Partnership)
3. Orlando IcePlex Management Corp.  
(Name of Registered Agent for Service of Process)
4. 1384 Heritage Acres Blvd, Suite A, Rockledge, FL 32955  
(Florida street address for Registered Agent)
5.  , President  
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)
6. 1384 Heritage Acres Blvd, Suite A, Rockledge, FL 32955  
(Mailing Address of the Limited Partnership)
7. The latest date upon which the Limited Partnership is to be dissolved is: 12/31/2005

98 MAY 28 AM 9:20  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

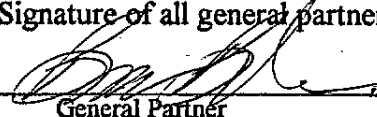
FILED

8. Name(s) of general partner(s): Street address:
- |   |  |
|---|--|
| <u>Orlando IcePlex Management Corp.</u> | <u>1384 Heritage Acres Blvd, Suite A</u> |
|   | <u>Rockledge, FL 32955</u>               |
| <u>D98000045869</u>                     |  |
| _____                                   | _____                                    |
| _____                                   | _____                                    |

*Under penalties of perjury I (we) declare that I (we) have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.*

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 19 98

Signature of all general partners:

	
General Partner	General Partner
Orlando IcePlex Management Corp.	
_____	_____
General Partner	General Partner
_____	_____
General Partner	General Partner

**AFFIDAVIT OF CAPITAL CONTRIBUTIONS  
FOR FLORIDA LIMITED PARTNERSHIP**

The undersigned constituting all of the general partners of \_\_\_\_\_  
Orlando IcePlex, Ltd.

a Florida Limited Partnership, certify:

The amount of capital contributions to date of the limited partners is \$ 1,000.00


The total amount contributed and anticipated to be contributed by the limited partners at this time  
totals \$ 1,000,000.00

FILED  
98 MAY 28 AM 9:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 19 98

FURTHER AFFIANT SAYETH NOT.

*Under the penalties of perjury I (we) declare that I (we) have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.*

  
\_\_\_\_\_, President  
General Partner  
Orlando IcePlex Management Corp.

\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner