

**CAPITAL CONNECTION INC.**  
 417 E. Virginia Street, Suite 1 Tallahassee, Florida 32302  
 (850) 224-8870 • 1-800-342-6662 • Fax (850) 272-1222

**AG80000001984**

SFAP, LTD

900002622799-2  
 -08/24/98-01040-026  
 \*\*\*\*140.00 \*\*\*\*140.00

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(W)

Signature

Requested by: LS      8/24/98 @ 10:00  
 Name                      Date                      Time

Walk-In \_\_\_\_\_ Will Pick Up \_\_\_\_\_

- \_\_\_\_ Art of Inc. File \_\_\_\_\_
- LTD Partnership 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 Status \_\_\_\_\_
- \_\_\_\_ Certificate of Fictitious Name \_\_\_\_\_
- \_\_\_\_ Corp Record Search \_\_\_\_\_
- \_\_\_\_ Officer Search \_\_\_\_\_
- \_\_\_\_ Fictitious Search \_\_\_\_\_
- \_\_\_\_ Fictitious Owner Search \_\_\_\_\_
- \_\_\_\_ Vehicle Search \_\_\_\_\_
- \_\_\_\_ Driving Record \_\_\_\_\_
- \_\_\_\_ UCC 1 or 3 File \_\_\_\_\_
- \_\_\_\_ UCC 11 Search \_\_\_\_\_
- \_\_\_\_ UCC 11 Retrieval \_\_\_\_\_
- \_\_\_\_ Courier \_\_\_\_\_

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 98 AUG 24 PM 2: 18  
 RECEIVED  
 DEPARTMENT OF STATE  
 DIVISION OF CORPORATIONS  
 TALLAHASSEE, FLORIDA  
 98 AUG 24 AM 10: 20

**SFAP, LTD.  
A FLORIDA LIMITED PARTNERSHIP  
CERTIFICATE OF LIMITED PARTNERSHIP**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
5 08 AUG 24 2 10 PM '08

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

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

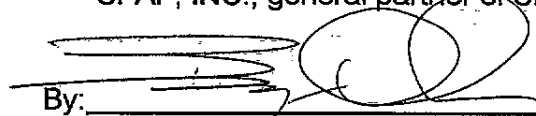
SFAP, INC.  
6400 North Andrews Avenue  
Fort Lauderdale, Florida 33309

*P980000 73510*
5. The mailing address of the Partnership is 6400 North Andrews Avenue, Fort Lauderdale, Florida 33309.
6. The latest date upon which the Partnership shall dissolve is August 13, 2038.
7. The total anticipated Capital Contributions to be paid into the Partnership is and shall be FIVE THOUSAND AND NO/100 (\$5,000.00) DOLLARS.

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

IN WITNESS WHEREOF, this Certificate of Limited Partnership has been executed by the General Partner of SFAP, LTD. this 13th day of August, 1998.

SFAP, INC., general partner of SFAP, LTD.

By:   
Bryan W. Duke  
Vice President

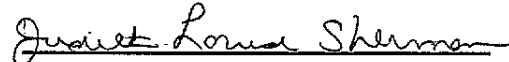
FILED IN STATE  
DIVISION OF CORPORATIONS  
98 AUG 24 PM 2:18

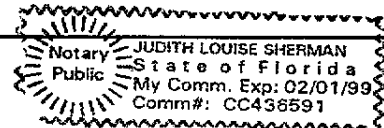
STATE OF FLORIDA

COUNTY OF BROWARD

The foregoing instrument was acknowledged before me by Bryan W. Duke, Vice President of SFAP, INC., a Florida corporation, as General Partner of SFAP, 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 SFAP, 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:

By:   
BRYAN W. DUKE

**AFFIDAVIT OF CAPITAL CONTRIBUTIONS**

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
AUG 24 PM 2:18

**BEFORE ME**, the undersigned constituting all of the general partners of SFAP, LTD., Florida Limited Partnership, certify as follows:


The amount of capital contributions to date of the limited partners \$5,000.00. No further limited partner contributions are anticipated.

This 13th day of August, 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.

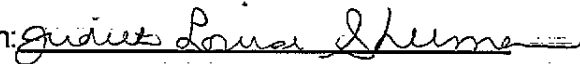
SFAP, INC., general partner of SFAP, LTD.

By:   
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 SFAP, INC., a Florida corporation, which is general partner of SFAP, LTD., a Florida limited partnership, who is personally known to me and who did take an oath.

NOTARY PUBLIC:

Sign: 

Print: JUDITH LOUISE SHERMAN  
Notary Public  
State of Florida  
My Comm. Exp: 02/01/99  
Comm#: CC436591

(SEAL)

My Commission Expires: