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FILED
98 OCT -8 PM 2:07
TALLAHASSEE, FLORIDA

October 3, 1998

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CM

Florida Department of State
Division of Corporations
PO Box 6237
Tallahassee, Florida 32314

Gentlemen:

Enclosed are completed documents and check for
\$87.50 for filing the Kester Family Limited
Partnership.

The contact person is the undersigned and may
be reached at the address and phone number on this
letterhead.

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*****87.50 *****87.50

Sincerely,
Richard Kester
Richard Kester

CERTIFICATE OF LIMITED PARTNERSHIP

1. THE KESTER FAMILY LIMITED PARTNERSHIP
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")
2. 8400 N.W. 26th DRIVE CORAL SPRINGS, FL 33065
(Business address of Limited Partnership)
3. RICHARD KESTER
(Name of Registered Agent for Service of Process)
4. 8400 N.W. 26th DRIVE CORAL SPRINGS, FL 33065
(Florida street address for Registered Agent)
5. Richard Kester
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)
6. 8400 N.W. 26th DRIVE CORAL SPRINGS, FL 33065
(Mailing Address of the Limited Partnership)

7. The latest date upon which the Limited Partnership is to be dissolved is: 2033
8. Name(s) of general partner(s): _____ Street address: _____

RICHARD KESTER 8400 N.W. 26th DRIVE CORAL SPRINGS,
FL 33065

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 2nd day of October, 19 98

Signature of all general partners:

Richard Kester
General Partner

General Partner

General Partner

General Partner

General Partner

General Partner