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00789-00717-00671

November 16, 1998

Secretary of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

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***1837.50 ***1837.50

RE: Scabarozi Family Partnership, Ltd.

Dear Sir or Madam:

Enclosed for filing is the original and one copy of the proposed Certificate of Limited Partnership for the above named limited partnership, Affidavit of Capital Contribution and a Certificate of Acceptance of Registered Agent. Also, enclosed is our firm's check payable to State of Florida, Secretary of State in the amount of $1,837.50 to cover the following:

| | |
|---|---|
| Certificate of Limited Partnership | $1,750.00 |
| Certified copy of Certificate of Limited Partnership | 52.50 |
| Registered Agent Designation | 35.00 |
| Total Fees | $1,837.50 |

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

Please return a certified copy to the undersigned at the post office box noted above. If you have any questions concerning the foregoing, please do not hesitate to contact us.

W98-26[illegible]

Name Availability
Document Examiner
Updater
[illegible] er
Verifyer
Acknowledgement
P. Verifyer

Sincerely,

AMARI & THERIAC, P.A.

Lora S. Jones
Legal Assistant to Richard S. Amari, Esquire

Enclosures
cc: Mr. & Mrs. Scabarozi (w/o enc)

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

November 30, 1998

LORA S. JONES
AMARI & THERIAC, P.A.
P.O. BOX 1807
COCOA, FL 32923-1807

SUBJECT: SCABAROZI FAMILY PARTNERSHIP, LTD.
Ref. Number: W98000026733

We have received your document for SCABAROZI FAMILY PARTNERSHIP, LTD. and your check(s) totaling $1837.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Every corporation, limited partnership, general partnership, limited liability company or trust listed as a general partner of a limited partnership, general partnership, or registered limited liability partnership must have an active registration/filing on file with this office before this filing will be completed. We are enclosing the appropriate instructions and/or forms for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6967.

Michelle Hodges
Document Specialist

Letter Number: 498A00056741



Rcvd 12/7/98

**CERTIFICATE OF LIMITED PARTNERSHIP**
**OF**
**SCABAROZI FAMILY PARTNERSHIP, LTD.**

The undersigned, desiring to form a limited partnership in accordance with the Florida Revised Uniform Limited Partnership Act and being duly sworn does certify as follows:

1. The name of the Partnership is the Scabarozi Family Partnership, Ltd.

2. The principal place of business of the Partnership is located at 8515 N. Atlantic Avenue, Cape Canaveral, Florida 32920. The name of the Registered Agent of the Partnership at such address is Plutarco A. Scabarozi.

3. The name and business address of the general partners are as follows:

Plutarco A. Scabarozi, Trustee
Alice B. Scabarozi, Trustee
8515 N. Atlantic Avenue
Cape Canaveral, Florid a 32920

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DIVISION OF CORPORATIONS
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4. The mailing address of the Partnership is 8515 N. Atlantic Avenue, Cape Canaveral, Florida 32920.

5. The Partnership's existence shall begin upon the filing of this Certificate with the Department of State of Florida and shall continue until 12:00 o'clock noon on December 31,2026, unless sooner terminated pursuant to the terms of the Limited Partnership Agreement.

**IN WITNESS WHEREOF**, the undersigned has executed this Certificate as a General Partner this 22 day of October, 1998.

**GENERAL PARTNERS**

**PLUTARCO A. SCABAROZI TRUST**
**DATED OCTOBER 22, 1998**

Richard S. Amari
Print Name: Richard S. Amari

By: Plutarco A. Scabarozi
**Plutarco A. Scabarozi, Trustee**

Lora S. Jones
Print Name: Lora S. Jones

Richard S. Amari
Print Name: Richard S. Amari

Alice B. Scabarozi
**Alice B. Scabarozi, Trustee**

Lora S. Jones
Print Name: Lora S. Jones

**ALICE B. SCABAROZI TRUST**
**DATED OCTOBER 22, 1998**

By: _____
**Alice B. Scabarozi, Trustee**

_____
Print Name: Richard S. Amari

_____
Print Name: Lora S. Jones

_____
**Plutarco A. Scabarozi, Trustee**

_____
Print Name: Richard S. Amari

_____
Print Name: Lora S. Jones

**CERTIFICATE OF ACCEPTANCE**

**OF REGISTERED AGENT AND**

**STREET ADDRESS FOR SERVICE OF PROCESS**

Pursuant to Section 48.061, Fla. Stat., I hereby accept the foregoing designation as registered agent of the **SCABAROZI FAMILY PARTNERSHIP, LTD.**, A Florida limited partnership, for service of process within the State of Florida at 8515 N. Atlantic Avenue, Cape Canaveral, Florida 32920.

Plutarco A. Scabarozi

**PLUTARCO A. SCABAROZI**

## AFFIDAVIT OF CAPITAL CONTRIBUTION

The undersigned, being the trustees of the Plutarco A. Scarbarzi Trust Dated October 22, 1998, which is the General Partner of the **SCABAROZI FAMILY PARTNERSHIP, LTD.**, a Florida limited partnership, here certifies that the limited partners of the Partnership will be contributing certain property to the Partnership, the value of which is $1,750,000. A total capital contribution of $5,000,000 is anticipated.

Plutarco A. Scabarozi
**PLUTARCO A. SCABAROZI**, Trustee

Alice B. Scabarozi
**ALICE B. SCABAROZI**, Trustee

STATE OF FLORIDA
COUNTY OF BREVARD

Sworn and acknowledged before me this October 22, 1998, by **PLUTARCO A. SCABAROZI**, as **Trustee** and **ALICE B. SCABAROZI**, as **Trustee**, who are personally known to me to have executed the foregoing affidavit, who have produced sufficient identification, and who did take an oath.

Diane A. Heath
NOTARY PUBLIC

DIANE A. HEATH
MY COMMISSION # CC 769863
EXPIRES: August 23, 2002
Bonded Thru Notary Public Underwriters