

A 9800000 2819

Requestor's Name
 31 SOUTH CALHOUN STREET
 Address
 Tallahassee, Florida 32301
 City/State/Zip Phone #
 224-7000

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

14875

1. Hadden Grove, Ltd
 (Corporation Name) (Document #)
2. _____
 (Corporation Name) (Document #)
3. _____
 (Corporation Name) (Document #)
4. _____
 (Corporation Name) (Document #)

FILED
 SECRETARY OF CORPORATIONS
 DIVISION
 98 DEC 21 PM 4:53

Walk-in
 Pick up time 2:00
 Certified Copy
 Mail out
 Will wait
 Photocopy
 Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Partnership
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

File Articles of Incorporation

M/K 12/21/98

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

100002717321--9
 -12/21/98--01034--021
 ****428.75 ****148.75

Examiner's Initials

**CERTIFICATE
OF LIMITED PARTNERSHIP OF
HIDDEN GROVE, LTD.**

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The undersigned, pursuant to the provisions of Section 620.108 of the Florida Statutes, do hereby certify and swear in this Certificate of Limited Partnership to the following:

1. **NAME.**

The name of the Limited Partnership is:

HIDDEN GROVE, LTD.

2. **REGISTERED AGENT.**

The name and address of the Registered Agent for the Limited Partnership is:

Lynn C. Washington
Holland & Knight LLP
701 Brickell Avenue, Suite 3000
Miami, Florida 33131

3. **GENERAL PARTNERS.**

The names and business addresses of the general partners are:

GMN-Hidden, Inc.
1460 Brickell Ave., Ste. 309
Miami, Florida 33131

pg 000105651

SDRC-Hidden, Inc.
7800 S.W. 57th Avenue, Suite 133
South Miami, FL 33143

pg 000005642

ANI-Hidden, Inc.
2665 S. Bayshore Drive, Suite 202
Coconut Grove, Florida 33133

pg 000105649

4. **MAILING ADDRESS.**

The mailing address for the Limited Partnership and the location of its principal place of business is as follows:

1460 Brickell Ave., Ste. 309
Miami, Florida 33131

5. DISSOLUTION DATE.

The latest date upon which the limited partnership is to dissolve is December 31, 2048.

IN WITNESS WHEREOF, the General Partners have executed this Certificate of Limited Partnership this 17th day of December, 1998.

GMN-Hidden, Inc., a Florida corporation

By: [Signature]
Name: Agustin Dominguez
Title: Presidente

SDRC-Hidden, Inc., a Florida corporation

By: [Signature]
Name: MITCHELL M. FRIEDMAN
Title: HOUSING CONSULTANT / Ambridge Represent

ANI-Hidden, Inc., a Florida corporation

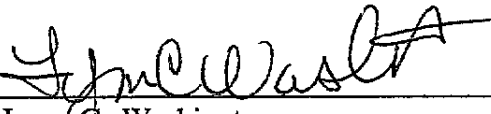
By: [Signature]
Name: MICHAEL WOLT
Title: PRESIDENT

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ACCEPTANCE

Pursuant to Section 620.192 of the Florida Statutes, the undersigned accepts its appointment as registered agent for **HIDDEN GROVE, LTD.**, a Florida limited partnership and accepts all obligations imposed on it as such under Florida law.

Executed this 17th day of December, 1998.

By: 
Lynn C. Washington

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DIVISION OF CORPORATIONS
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AFFIDAVIT

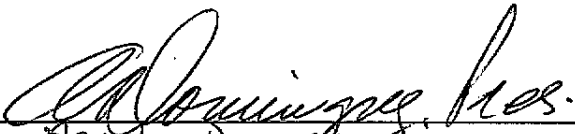
STATE OF FLORIDA)
) ss:
COUNTY OF MIAMI-DADE)

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DIVISION OF CORPORATIONS
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The undersigned as general partners of **HIDDEN GROVE, LTD.**, a Florida limited partnership ("Limited Partnership"), declare as follows:

The total of capital contributions of the limited partners of the Limited Partnership through this date is \$1.00 and the anticipated future capital contributions of the limited partners to the Limited Partnership is \$100.

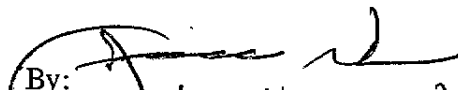
GMN-Hidden, Inc., a Florida corporation

By: 
Name: Agustin Dominguez
Title: President

SDRC-Hidden, Inc., a Florida corporation

By: 
Name: MITCHELL M. FRIEDMAN
Title: Health Consultant / Attorney's Representative

ANI-Hidden, Inc., a Florida corporation

By: 
Name: MICHAEL EBITZ
Title: PRESIDENT

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STATE OF FLORIDA)
) ss:
COUNTY OF MIAMI-DADE)

The foregoing instrument was acknowledged before me this 17th day of December, 1998 by Agustin Dominguez President of GMN-HIDDEN, INC., a Florida corporation, on behalf of the corporation. ~~She~~ He is personally known to me OR has produced _____ as identification.



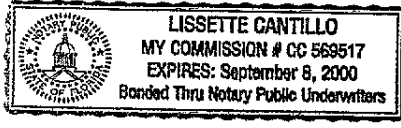
Lynn C. Washington
MY COMMISSION # CC548197 EXPIRES
April 17, 2000
BONDED THRU TROY FAIN INSURANCE, INC.

Lynn C. Washington
Name: LYNN C. WASHINGTON
Commission No.: CC 548197
Notary Public
State of Florida at Large

My commission expires:

STATE OF FLORIDA)
) ss:
COUNTY OF MIAMI-DADE)

The foregoing instrument was acknowledged before me this 17 day of December, 1998 by Mitchell Friedman as Authorized Rep. of SDRC-HIDDEN, INC., a Florida corporation, on behalf of the corporation. She ~~he~~ is personally known to me OR has produced _____ as identification.



Lissette Cantillo
Name: Lissette Cantillo
Commission No.: _____
Notary Public
State of Florida at Large

My commission expires:

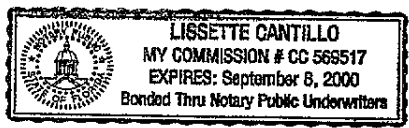
STATE OF FLORIDA)
) ss:
COUNTY OF MIAMI-DADE)

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DIVISION OF CORPORATIONS
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The foregoing instrument was acknowledged before me this 17 day of December, 1998 by Michael Wohl as President of ANI-HIDDEN, INC., a Florida corporation, on behalf of the corporation. She/he is personally known to me OR has produced _____ as identification.

Lissette Cantillo
Name: Lissette Cantillo
Commission No.: _____
Notary Public
State of Florida at Large

My commission expires:



MIA4-682794.1