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Division of Corporations

Florida Department of State

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Division of Corporations

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From:

Patrice Hunter, Corporate Paralegal

Account Name

: ENGLISH, MCCAUGHAN & O'BRYAN, P.A.

Account Number : 076067004147 Phone

: (954)462-3300

Fax Number

· (954)763-2439

FLORIDA LIMITED PARTNERSHIP

RWL 5, LTD.

Name 1/7/99 **Availability** Document DCC Cxaminer - 1700 Updater Updater DCC Verifyer

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R W L 5, LTD. CERTIFICATE OF LIMITED PARTNERSHIP

Pursuant to Section 620.108, Florida Statutes, the undersigned persons desiring to form a limited partnership, do hereby swear and affirm as follows:

- The name of the Limited Partnership is R W L 5, LTD.
- The office of the Limited Partnership is at 629 Idlewyld Drive, Fort Lauderdale, Florida 33301 and the name and address of the agent for service of process is Robert W. Lovern, 629 Idlewyld Drive, Fort Lauderdale, Florida 33301.
- 3. The name and business address of the General Partner is R W L 5, L.L.C., 629 Idlewyld Drive, Fort Lauderdale, Florida 33301
- The mailing address of the Limited Partnership is 629 Idlewyld Drive, Lauderdale, Florida 33301.
- 5. The latest date upon which the Limited Partnership is to dissolve is December 31, 2049.

IN WITNESS WHEREOF, the parties have executed this Certificate as of January $\underline{}$, 1999.

R W L 5, L.L.C. GENERAL PARTNER

Robert W. Lovern, Managing Member

Prepared By:
William T. Coleman, Esq.
Florida Bar Number: 0136415
English, McCaughan & O'Bryan, P.A.
Post Office Box 14098
Ft. Lauderdale, FL 33302
(954) 462-3300

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AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned, personally appeared Robert W. Lovern, Managing Member of R W L 5, L.L.C., constituting all the General Partners of R W L 5, LTD., a Florida limited Partnership, hereinafter referred to as the "Partnership", who, upon being sworn, certified as follows:

- 1. The amount of capital contributions of the Limited Partners is \$613,800.00.
- 2. The anticipated amount of capital to be contributed is \$613,800.00.

FURTHER AFFIANT SAYETH NOT.

STATE OF FLORIDA COUNTY OF BROWARD

BEFORE ME, the undersigned officer, a Notary Public authorized to administer oaths and to take acknowledgments in and for the State and County set forth above, personally appeared Robert W. Lovern, Managing Member of R W L 5, L.L.C., General Partner, known to me and known by me to be the person who executed the foregoing Affidavit of Capital Contributions, and he acknowledged to me and before me that he executed this Affidavit as Managing Member of the General Partner of said Limited Partnership.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal in the State and County aforesaid, this <u>7</u> day of January, 1999.

NOTARY PUBLIC
My Commission Expires:

FAX AUDIT NO.:

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OFFICIAL NOTARY SEAL
TIMOTHY I HODGES
NOTARY FUBLIC STATE OF FLORIDA
COMMISSION NO. CC678893
MY COMMISSION EXP. SEPT 26,2001

FAX AUDIT NO .: H99000000525 8

ACCEPTANCE OF DESIGNATION AS REGISTERED AGENT

The undersigned hereby accepts the appointment as the initial Registered Agent of R W L 5, LTD., as made in the foregoing Certificate of Limited Partnership.

Date: 1-7-49

By: Robert W. Loven

99 JAN - 7 PM 1: 31.

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