

A99000000324



THE UNITED STATES
CORPORATION
COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 152478 11758A

AUTHORIZATION : *Patricia Pigatto*

COST LIMIT : \$ 140.00

ORDER DATE : March 1, 1999

ORDER TIME : 3:59 PM

ORDER NO. : 152478-005

600002791436--9

CUSTOMER NO: 11758A

CUSTOMER: Jeffrey S. Wachs, Esq
DOUMAR ALLSWORTH CURTIS CROSS
DOUMAR ALLSWORTH CURTIS CROSS
1177 Southeast Third Avenue

Fort Lauderdale, FL 33316

DOMESTIC FILING

RECEIVED
99 MAR -1 PM 4:45
DIVISION OF CORPORATION

NAME: THE HICKMORE FAMILY LIMITED
PARTNERSHIP

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION
XX CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Maria Stephens

EXAMINER'S INITIALS: _____

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 MAR -1 AM 9:07

(6)

MP
3/1/99

CERTIFICATE OF LIMITED PARTNERSHIP

OF

THE HICKMORE FAMILY LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 MAR - 1 AM 9:07

THE UNDERSIGNED, constituting the General Partner of THE HICKMORE FAMILY LIMITED PARTNERSHIP, a Florida Limited partnership, hereby files its Certificate of Limited Partnership in accordance with Chapter 620, Florida Statutes, as follows:

1. Name of the Partnership. THE HICKMORE FAMILY
LIMITED PARTNERSHIP
2. The address of the office of the Partnership is.
1524 S.W. 18th Terrace
Fort Lauderdale, FL 33312
3. Name and addresses of the agent for the service
of process on the Partnership is.
JEFFREY S. WACHS, ESQ.
1177 S.E. 3rd Avenue
Fort Lauderdale, FL 33316
4. Name and business address of the General Partner is.
NORMAN HICKMORE
1524 S.W. 18th Terrace
Fort Lauderdale, FL 33312

5. Mailing address of the Partnership is.

THE HICKMORE FAMILY
LIMITED PARTNERSHIP
c/o Mr. Norman Hickmore
General Partner
1524 S.W. 18th Terrace
Fort Lauderdale, FL 33312

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 MAR - 1 AM 9:07

6. Latest date upon which the Partnership will dissolve.

Will be in accordance with Section 620.157
of the Florida Statute, however, no later than
December 31, 2049.

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

IN WITNESS WHEREOF, the undersigned have duly executed this
Certificate of Limited Partnership of THE HICKMORE FAMILY LIMITED
PARTNERSHIP, this 24 day February, 1999.

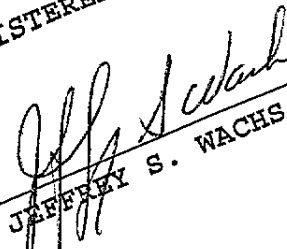
GENERAL PARTNER(S):


By: NORMAN HICKMORE

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been named as Registered Agent for THE HICKMORE FAMILY LIMITED PARTNERSHIP, a Florida limited partnership ("Partnership"), in the foregoing Certificate of Limited Partnership, I, on behalf of the Partnership agree to comply with any and all statutes relative to the complete and proper performance of the duties of a registered agent.

REGISTERED AGENT:


JEFFREY S. WACHS

SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 MAR 9 AM 9:07

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned authority, personally appeared
NORMAN HICKMORE, the General Partner of THE HICKMORE FAMILY LIMITED
PARTNERSHIP, a Florida limited partnership, herein referred to as
the "Partnership", who, upon being duly sworn, certified as
follows:

1. As of the date hereof, the amount of capital contributions
to the Partnership made by the Limited Partners is as follows:

\$5,000.00

2. The amount of capital contributions anticipated to be
contributed by additional Limited Partners is as follows:


NONE

3. Affiant has executed this Affidavit of Capital
Contributions as the duly authorized representative of the General
Partner of said Partnership.

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.

DATED this 24 day of February, 1999.


NORMAN HICKMORE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 MAR -1 AM 9:07

STATE OF FLORIDA)

SS:

COUNTY OF BROWARD)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 MAR -1 AM 9:07

SWORN TO AND SUBSCRIBED before me, the undersigned authority,
by NORMAN HICKMORE, who appeared personally before me and took an
oath, who is personally known to me or who produced Florida
drivers license as identification, on this 24th
day of February, 1999.



Lisa D. Belenson
Commission # CC 765902
Expires AUG. 10, 2002
BONDED THRU
ATLANTIC BONDING CO., INC.

Lisa D. Belenson

Notary Public, State of Florida
Print Name: Lisa D. Belenson
My Commission Number: CC765902
My Commission Expires: 8/10/02