

A99000000375

103 N. MERIDIAN STREET, LOWER LEVEL
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT:

CINDY HICKS

400002799334--0

DATE:

3-9-99

-03/09/99--01054--014

***1837.50 ***1837.50

REF. #:

CORP. NAME:

The Sklar Family Limited Partnership

- ARTICLES OF INCORPORATION
- ARTICLES OF AMENDMENT
- ARTICLES OF DISSOLUTION
- ANNUAL REPORT
- TRADEMARK/SERVICE MARK
- FICTITIOUS NAME
- CERT. OF AUTHORITY
- LIMITED PARTNERSHIP
- LIMITED LIABILITY
- REINSTATEMENT
- MERGER
- WITHDRAWAL
- CERTIFICATE OF CANCELLATION
- UCC-1
- UCC-3
- OTHER:

(5)

FILED OF STATE IS
SECRETARY OF CORPORATION
99 MAR -9 PM 2:47

STATE FEES PREPAID WITH CHECK# 5980 FOR \$ 1,837.50

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

HK 3/9/99

COST LIMIT: \$

PLEASE RETURN:

CERTIFIED COPY

CERTIFICATE OF STATUS

PLAIN STAMPED COPY

Examiner's Initials

3K
3/9/99

RECEIVED
MAR -9 AM 10:19

CERTIFICATE OF LIMITED PARTNERSHIP OF
THE SKLAR FAMILY LIMITED PARTNERSHIP,
a Florida limited partnership

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 MAR -9 PM 2:47

The undersigned general partners desiring to form a limited partnership pursuant to the Florida Revised Uniform Limited Partnership Law as set forth in Chapter 620 of the Florida Statutes, do hereby state the following:

1. The name of the Partnership is:

THE SKLAR FAMILY LIMITED PARTNERSHIP

2. The address of the office of the Partnership is:

307 Stone Briar Creek Drive
Venice, FL 34292

3. The name and address of the agent for service of process on the Partnership is as follows:

Jeffrey Sklar
307 Stone Briar Creek Drive
Venice, FL 34292

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

Jeffrey Sklar and Ruth S. Sklar
307 Stone Briar Creek Drive
Venice, FL 34292

5. The mailing address of the Partnership is:

307 Stone Briar Creek Drive
Venice, FL 34292

6. The latest date upon which the Partnership shall dissolve is December 31, 2048 unless the term of the Partnership is further extended by a Majority in Interest of the Partners as defined in the Limited Partnership Agreement.

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 MAR 9 PH 2:47

7. The effective date of this Certificate of Limited Partnership shall be the effective date of the filing of the certificate of limited partnership with the Department of State.

The execution of this certificate by the undersigned general partners constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

IN WITNESS WHEREOF, this Certificate of Limited Partnership has been executed by Jeffrey Sklar and Ruth S. Sklar, tenants by the entireties, the general partners of THE SKLAR FAMILY LIMITED PARTNERSHIP, a Florida limited partnership, this 27th day of January, 1999.

WITNESSES:

[Signature]

[Signature]
JEFFREY SKLAR

[Signature]
as to Jeffrey Sklar

[Signature]

[Signature]
RUTH S. SKLAR

[Signature]
as to Ruth S. Sklar

"GENERAL PARTNERS"

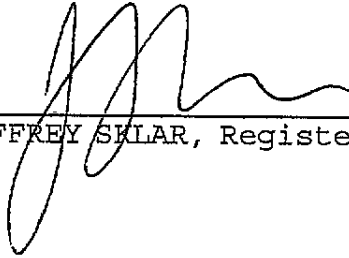
ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

STATE OF FLORIDA
DEPARTMENT OF CORPORATIONS
99 MAR -9 PM 2:47

Having been named to accept service of process for THE SKLAR FAMILY LIMITED PARTNERSHIP, at the place designated in the foregoing Certificate of Limited Partnership, I, hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I accept the duties and obligations of Section 620.192 of the Florida Statutes.

Date: _____

1/27/99



JEFFREY SKLAR, Registered Agent

STATE OF FLORIDA)
COUNTY OF SARASOTA)

FILED STATE
DIVISION OF CORPORATIONS
99 MAR 29 PM 2:47

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned Notary Public, personally appeared Jeffrey Sklar and Ruth S. Sklar, tenants by the entireties, the general partners of THE SKLAR FAMILY LIMITED PARTNERSHIP, a Florida limited partnership, hereinafter referred to as "Partnership", who, upon being duly sworn, certifies as follows:

- 1. The amount of the capital contribution of the limited partners of the Partnership is \$ 500,000.00.
- 2. The amount of additional capital contributions of the limited partners of the Partnership anticipated is \$0.00.

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.

WITNESSES:

[Signature]
as to Jeffrey Sklar

[Signature]
as to Ruth S. Sklar

GENERAL PARTNERS:

[Signature]
JEFFREY SKLAR

[Signature]
RUTH S. SKLAR

Subscribed and acknowledged before me this 27th day of January, 1999, ~~1998~~, by JEFFREY SKLAR, who is personally known to me or who has produced ~~as~~ identification and who did not take an oath.



[Signature]
Notary Public
Print Name: Karen M. Koster

My Commission expires:

Subscribed and acknowledged before me this 27th day of January, 1999, ~~1998~~, by RUTH S. SKLAR, who is personally known to me or who has produced ~~as~~ identification and who did not take an oath.



[Signature]
Notary Public
Print Name: Karen M. Koster

My Commission expires: