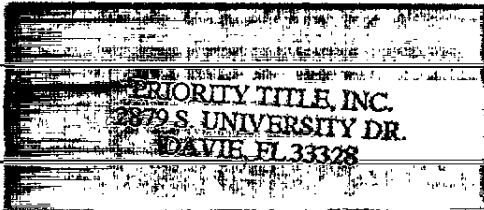


A99000000404



City/State/Zip

Phone #

400002798264--0

-03/08/99--01135--007

*****43.75 *****43.75

400002798264--0

-03/08/99--01135--006

*****248.50 *****248.50

Office Use Only

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

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

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<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

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

Name Availability
Document Examiner
Updater
Updater Verifier
Acknowledgement
P. Verifier

99 MAR -8 AM 8:19
DIVISION OF STATE
REGISTRATIONS

Examiner's Initials

CERTIFICATE OF LIMITED PARTNERSHIP

61-817 8- JUN 86
DIVISION OF REVENUE
SECRETARY OF STATE

1. VJAG, Ltd.
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")
2. 2699 Stirling Rd C-105, Ft. Lauderdale, FL 33021
(Business address of Limited Partnership)
3. Victor Karcinell
(Name of Registered Agent for Service of Process)
4. SAME AS #2 ABOVE
(Florida street address for Registered Agent)
5. Victor Karcinell
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)
6. SAME AS #2 ABOVE
(Mailing Address of the Limited Partnership)

7. The latest date upon which the Limited Partnership is to be dissolved is: 2/23/99
8. Name(s) of general partner(s): _____ Street address: _____

<u>Victor Karcinell</u>	<u>SAME AS #2 ABOVE</u>
_____	_____
_____	_____
_____	_____

Under penalties of perjury I (we) declare that I (we) have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 23rd day of FEBRUARY, 19 99.

Signature of all general partners:

Victor Karcinell
General Partner

General Partner

General Partner

General Partner

General Partner

General Partner

**AFFIDAVIT OF CAPITAL CONTRIBUTIONS
FOR FLORIDA LIMITED PARTNERSHIP**

The undersigned constituting all of the general partners of _____
VJAG, Ltd.

a Florida Limited Partnership, certify:

The amount of capital contributions to date of the limited partners is \$ 26625 ~~35500~~ (12).

The total amount contributed and anticipated to be contributed by the limited partners at this time
totals \$ 26625 ~~35500~~ (12).

Signed this 23rd day of FEBRUARY, 19 99.

FURTHER AFFIANT SAYETH NOT.

Under the penalties of perjury I (we) declare that I (we) have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Vito Kanel
General Partner

General Partner

General Partner

General Partner

General Partner

General Partner