

A99 006000 1023

COVER LETTER

To: Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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-06/14/99--01131--005
*****96.25 *****96.25

W99-14149

SUBJECT: Filing of The Arisso Group, Ltd.

Along with the certificate of limited partnership there is a check for:
\$ 96.25 (Filing Fee + Registered Agent + Certificate)

From: Manuel A. Arisso
7294 NW 8th St.
Miami, FL 33126

305-269-3900 (daytime Telephone)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 JUN 25 AM 10:37

mt
6/25



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

June 17, 1999

MANUEAL ARISSO
7294 NW 8TH COURT
MIAMI, FL 33126

SUBJECT: THE ARISSO GROUP, LTD.
Ref. Number: W99000014149

We have received your document for THE ARISSO GROUP, LTD. and your check(s) totaling \$96.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

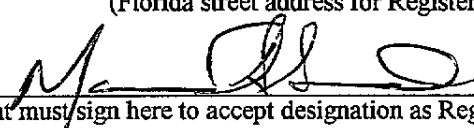
If you have any questions concerning the filing of your document, please call (850) 487-6097.

Michael Mays
Document Specialist

Letter Number: 199A00032542

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CERTIFICATE OF LIMITED PARTNERSHIP

1. The Arisso Group, Ltd.
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")
2. 7294 NW 8th St. Miami, Fl. 33126
(Business address of Limited Partnership)
3. Manuel A. Arisso
(Name of Registered Agent for Service of Process)
4. 7294 NW 8th St. Miami, Fl. 33126
(Florida street address for Registered Agent)
5. 
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)
6. Same as above
(Mailing Address of the Limited Partnership)

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7. The latest date upon which the Limited Partnership is to be dissolved is: 06/01/2002
8. Name(s) of general partner(s): _____ Street address: _____

<u>Manuel Antonio Arisso</u>	<u>4722 SW 5th St. Miami, Fl. 33134</u>
<u>Clara Arisso</u>	<u>4722 SW 5th St. Miami, Fl. 33134</u>
<u>Manuel Arturo Arisso</u>	<u>4722 SW 5th St. Miami, Fl. 33134</u>

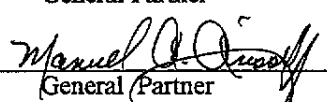
Under penalties of perjury I (we) declare that I (we) have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 10th day of June, 19 99.

Signature of all general partners:


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 _____

The Arisso Group, Ltd.

a Florida Limited Partnership, certify:

The amount of capital contributions to date of the limited partners is \$ 0.00

The total amount contributed and anticipated to be contributed by the limited partners at this time
totals \$ 2000.00

Signed this 10th day of June, 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.


General Partner

General Partner


General Partner

General Partner


General Partner

General Partner

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