

NATIONSBANK TOWER
100 SOUTHEAST 2ND STREET
SUITE 2800
MIAMI, FLORIDA 33131-2144
TELEPHONE (305) 539-8400
FACSIMILE (305) 539-1307
E MAIL INFO@ZACKLAW.COM

RICHARD I. BLINDERMAN
KEITH J. BLUM
GARY S. BROOKS
ORION G. CALLISON, III
ANTONIO C. CASTRO
PATRICIA KIMBALL FLETCHER
ALAN G. GEFFIN
JOSEPH R. GIBSON
JOSEPH R. GOMEZ
DEBRA WEISS GOODSTONE

MICHAEL KOSNITZKY
STANLEY H. KUPERSTEIN
ROBERT A. MALLOW
MITCHELL W. MANDLER
ROSANNA MOLINARI
ELIZABETH A. MORGAN
KAREN J. ORLIN
PABLO S. QUESADA
H. STEPHEN RASH
JILL S. REITER

BRUC A. WEIL RICHARD C. WOLFE STEPHEN N. ZACK

OF COUNSEL
ARTHUR H. COURSHON
MELVIN C. MORGENSTERN
BYRON L. SPARBER
SYDNEY S. TRAUM, P.A.

-07/12/99--01097--017

\*\*\*\*752.50 \*\*\*\*752.50

July 8, 1999

### **VIA FEDERAL EXPRESS**

Secretary of State Division of Corporations 409 East Gaines Street Tallahassee, Florida 32399

Re:

Lashman Family Partnership, Ltd.

Our File No.: 13887-002

Dear Sir/Madam:

Enclosed please find for filing original and two copies of:

I. Certificate of Limited Partnership of Lashman Family Partnership, Ltd., a Florida Limited Partnership.

2. Acceptance of Appointment as Registered Agent.

3. Affidavit of Capital Contributions.

I am also enclosing our client's check in the amount of \$752.50 to cover your filing fee. Please return a copy of the above documents stamped "filed" in the enclosed envelope.

Thank you.

Very truly yours,

Lichard C. Walfe/les Richard C. Wolfe

RCW:iev Enclosure

## CERTIFICATE OF LIMITED PARTNERSHIP OF LASHMAN FAMILY PARTNERSHIP, LTD. A Florida Limited Partnership

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

- 1. The name of the Partnership is LASHMAN FAMILY PARTNERSHIP, LTD.
- 2. The address of the office of the Partnership is:

1701 West Broward Boulevard Ft. Lauderdale, Florida 33312

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

KTG&S REGISTERED AGENT CORPORATION
100 Southeast 2nd Street
Suite 2800
Miami, Florida 33131-2144

4. The name and address of the General Partner is as follows:

Morton E. Lashman and Estelle J. Lashman, as joint tenants by the entirety

1701 W. Broward Boulevard Fort Lauderdale, Florida 33312 99 JHL 12 JH 8:5

5. The mailing address of the Partnership is:

1701 West Broward Boulevard Ft. Lauderdale, Florida 33312

6. The latest date upon which the Partnership will dissolve is June 9, 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 has duly executed this Certificate of Limited Partnership of LASHMAN FAMILY PARTNERSHIP, LTD. as of this 9th day of June, 1999.

**GENERAL PARTNER:** 

Morton E. Lashman and Estelle J. Lashman, as tenants by the entirety

Morton E. Lashman

Estelle I. Lachman

# ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

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

REGISTERED AGENT:

KTG&S REGISTERED AGENT CORPORATION

its: Michael Kosi

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# AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned authority, personally appeared Morton E. Lashman and Estelle J. Lashman, as joint tenants by the entirety, the General Partner of LASHMAN FAMILY PARTNERSHIP, LTD., 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:

\$4.00

2. The additional capital contributions anticipated to be contributed by additional limited partners is as follows:

### \$100,000.00

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.

#### GENERAL PARTNER:

Morton E. Lashman and Estelle J. Lashman as tenants by the entirety

Morton E. Lashman

Estelle J. Zashman

Dated: June 9, 1999

COUNTY OF MIAMI-DADE )	
J. Lashman, as joint tenants by the entirety, who	d before me by Morton E. Lashman and Estelle are personally known to me or have as identification.
IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the State and County aforesaid, this 9th day of June, 1999.	
State and County diorestate, and 5 th day of built, 1	Chale Elemon
(NOTARY SEAL)	My Commission Expires CHARLES E. KENNEY My Commission Expires Public, State of Florida My comm. expires June 04, 2002 No. CC748349 Bonded thru Coast to Coast Insurance Group
	6, 29,99

99 JUL 12 M 9: 00