

ACCOUNT NO. : 072100000032 REFERENCE : COST LIMIT : \$ 140.00 ORDER DATE : August 24, 1999 ORDER TIME: 1:48 PM ORDER NO. : 351800-005 CUSTOMER NO: 11758A Jeffrey S. Wachs, Esq CUSTOMER: DOUMAR ALLSWORTH CURTIS CROSS DOUMAR ALLSWORTH CURTIS CROSS 1177 Southeast Third Avenue Fort Lauderdale, FL 33316 NAME: THE DEL VALLE FAMILY LIMITED PARTNERSHIP ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING CONTACT PERSON: Janine Lazzarini EXAMINER'S INITIALS:

Mr 8/24/99

CERTIFICATE OF LIMITED PARTNERSHIP

OF .

THE DEL VALLE FAMILY LIMITED PARTNERSHIP

THE UNDERSIGNED, constituting the General Partner of THE DEIZ

VALLE 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 DEL VALLE FAMILY LIMITED PARTNERSHIP
- 2. The address of the office of the Partnership is.

8004 N.W. 154th Street Suite 194 Miami Lakes, FL 33016

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.

JOSE D. DEL VALLE WANDA I. DEL VALLE 8004 N.W. 154th Street Suite 194 Miami Lakes, FL 33016

Mailing address of the Partnership is. 5.

THE DEL VALLE FAMILY LIMITED PARTNERSHIP Mr. and Mrs. Jose D. Del Va General Partners 8004 N.W. 154th Street Suite 194 Miami Lakes, FL 33016

Latest date upon which the Partnership will dissolve. 6.

> 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 has duly executed this Certificate of Limited Partnership of THE DEL VALLE FAMILY LIMITED PARTNERSHIP, this /gr day fugues, 1999.

GENERAL PARTNER(S):

By: JOSE D. DEL VALLE

By: WANDA I. DEL VALLE

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been named as Registered Agent for THE DEL VALLE 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:

FREY S. WACHS

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

D. DEL VALLE and WANDA I. DEL VALLE, the General Partners of THE DEL VALLE 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, we declare that we have read the foregoing and that the facts alleged are true, to the best of our knowledge and belief.

DATED this 19 day of August 1999.

JOSE D. DEL VALLE

<u> Li)ondai Sel Yalle/</u> WANDA I. DEL VALLE

| STATE OF FLORIDA COUNTY OF BROWARD |) SS:) | | S NIC 21 TH O |
|--|---------------|--|--|
| SWORN TO AND SUBS by JOSE D. DEL VALLE, oath, who is personall day of | who appea | red personally be | ed |
| Lisa D. Belenson Commission # CC 765902 Expires AUG. 10, 2002 BONDED THRU ATLANTIC BONDING CO., INC. | -: | Notary Public, St Print Name: <u>LISO</u> My Commission Num My Commission Exp | D. Belenson ber: <u>CC7169</u> 02 |
| STATE OF FLORIDA COUNTY OF BROWARD |) SS: : | 7 | |
| SWORN TO AND SUBS by WANDA I. DEL VALLE an oath, who is p on this <u>IQ</u> # day of | , who app | eared personally | ersigned authority, before me and took or who produced as identification, |

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

Notary Public, State of Florida
Print Name: LISO D Belenson
My Commission Number: CC 71/5902
My Commission Expires: \$/10/02