

**A99000001472**

Requester's Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_ Phone # \_\_\_\_\_

Office Use Only

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

1. Weintraub Family Limited  
 (Corporation Name) (Document #)
2. Partnership  
 (Corporation Name) (Document #)
3. \_\_\_\_\_  
 (Corporation Name) (Document #)
4. \_\_\_\_\_  
 (Corporation Name) (Document #)

99 SEP - 8 PM 3: 21  
 DIVISION OF CORPORATIONS  
 SECRETARY OF STATE

☒ Walk in    ☐ Pick up time \_\_\_\_\_  
☐ Mail out    ☐ Will wait    ☐ Photocopy  
☒ Certified Copy    ☒ Certificate of Status

400002981644-10  
 -09/08/99-01093-005  
 1846.25 \*\*\*1846.25

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

*file and*

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

LP- 1785.00  
 CERT 61.25

*BK 9/8/96*

RECEIVED  
 99 SEP - 8 AM 10: 23  
 DEPARTMENT OF STATE  
 DIVISION OF CORPORATIONS  
 TALLAHASSEE, FL 32304

Examiner's Initials \_\_\_\_\_

**CERTIFICATE OF LIMITED PARTNERSHIP**  
**OF**  
**WEINTRAUB FAMILY LIMITED PARTNERSHIP**

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Pursuant to the provisions of the Florida Revised Uniform Limited Partnership Act (1986) and Section 620.108 of the Florida Statutes, the undersigned, being the sole General Partner of **WEINTRAUB FAMILY LIMITED PARTNERSHIP**, hereby duly executes and files with the Florida Secretary of State this Certificate of Limited Partnership.

1. **Name.** The name of the limited partnership is **WEINTRAUB FAMILY LIMITED PARTNERSHIP**.

2. **Address.** The business address and the mailing address of the limited partnership is c/o Shutts & Bowen, LLP, 1500 Miami Center, 201 South Biscayne Boulevard, Miami, Florida, 33131.

3. **Registered Agent.** The name of the registered agent for service of process is Corporation Company of Miami, a Florida corporation, c/o Louis Nostro, Esquire.

4. **Address; Registered Agent.** The street address for the registered agent is c/o Shutts & Bowen, LLP, 1500 Miami Center, 201 South Biscayne Boulevard, Miami, Florida, 33131.

5. **Records Office.** The records office of the Limited Partnership is c/o Shutts & Bowen, LLP, 1500 Miami Center, 201 South Biscayne Boulevard, Miami, Florida, 33131.

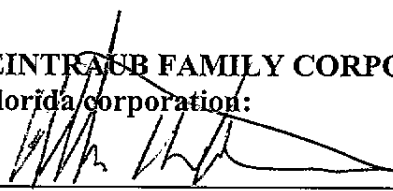
6. **Term.** The latest date upon which the Limited Partnership is to be dissolved is December 31, 2045.

7. **Name and Address of General Partner.** The name of the general partner is Weintraub Family Corporation, a Florida corporation, and the address of the corporation is c/o Louis Nostro, Esquire, Shutts & Bowen, LLP, 1500 Miami Center, 201 South Biscayne Boulevard, Miami, Florida, 33131.

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

Signed this 7<sup>th</sup> day of September, 1999.

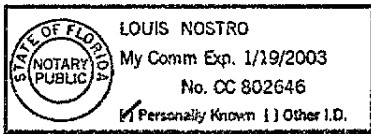
**WEINTRAUB FAMILY CORPORATION,**  
a Florida corporation:

  
**ALBERT WEINTRAUB**, President of Weintraub  
Family Corporation, a Florida corporation, General  
Partner of Weintraub Family Limited Partnership

STATE OF FLORIDA )  
COUNTY OF MIAMI-DADE )

FILED STATE  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
99 SEP -8 PM 3:21

The foregoing instrument was acknowledged before me this 7<sup>th</sup> day of September, 1999 by **Albert Weintraub**, President of Weintraub Family Corporation, a Florida corporation, General Partner of Weintraub Family Limited Partnership, on behalf of the corporation. He is personally known to me and did not take an oath.



Louis Nostro  
NOTARY PUBLIC

Louis Nostro  
Typed or Printed Name of Notary

My commission expires: 1/19/03

Serial No., if any?: CC802646

MIADOCS 282110.1 DAS

**AFFIDAVIT OF CAPITAL CONTRIBUTIONS**

**IN THE MATTER OF WEINTRAUB FAMILY LIMITED PARTNERSHIP**

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**BEFORE ME**, the undersigned, constituting the sole general partner of **WEINTRAUB FAMILY LIMITED PARTNERSHIP**, a Florida limited partnership, certifies as follows:

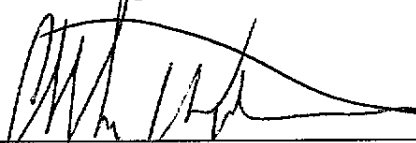
[1] The initial Limited Partners of **WEINTRAUB FAMILY LIMITED PARTNERSHIP**, a Florida limited partnership, have contributed property valued at \$20,000,000 to the Partnership as their initial capital contributions.

[2] The initial Limited Partners anticipate making no additional capital contributions other than the contributions stated above.

**FURTHER AFFIANT SAYETH NAUGHT.**

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.

**WEINTRAUB FAMILY CORPORATION,**  
a Florida corporation:

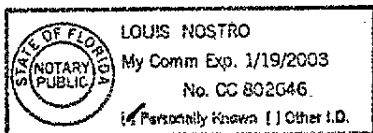


**ALBERT WEINTRAUB**, President of Weintraub Family Corporation, a Florida corporation, General Partner of Weintraub Family Limited Partnership

**STATE OF FLORIDA** )  
 )SS:  
**COUNTY OF MIAMI-DADE** )

The foregoing instrument was acknowledged before me this 7<sup>th</sup> day of September, 1999 by **ALBERT WEINTRAUB**, President of **WEINTRAUB FAMILY CORPORATION**, a Florida corporation, in his capacity as the sole general partner of **WEINTRAUB FAMILY LIMITED PARTNERSHIP**. The aforesaid **ALBERT WEINTRAUB** personally appeared before me, is personally known to me or produced \_\_\_\_\_ as identification and [did] ~~[did not]~~ take an oath.

[NOTARIAL SEAL]



MIADOCs 282116.1 DAS

Notary: Louis Nostro  
Print Name: Louis Nostro  
Notary Public, State of Florida

**CERTIFICATE OF ACCEPTANCE OF APPOINTMENT**  
**IN THE MATTER OF WEINTRAUB FAMILY LIMITED PARTNERSHIP**

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DIVISION OF CORPORATIONS  
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I, **CORPORATION COMPANY OF MIAMI**, hereby certify that on the 7<sup>th</sup> day of September, 1999, I accepted the appointment as Registered Agent of the above-entitled limited partnership in accordance with Chapter 620 of the Florida Statutes.

**FURTHERMORE**, that the office for the Registered Agent in this state is located at c/o Shutts & Bowen, LLP, 1500 Miami Center, 201 South Biscayne Boulevard, Miami, Florida, 33131.

**IN WITNESS WHEREOF**, I have hereunto set my hand this 7<sup>th</sup> day of September, 1999.

**CORPORATION COMPANY OF MIAMI**

By:   
Louis Nostro, Esquire  
Registered Agent