

# A96000000328

**BERKOWITZ DICK & POLLACK**  
 CERTIFIED PUBLIC ACCOUNTANTS  
 A PARTNERSHIP OF PROFESSIONAL ASSOCIATIONS

ONE SOUTHEAST THIRD AVENUE  
 FIFTEENTH FLOOR  
 MIAMI, FLORIDA 33131

City/State/Zip Phone #

500001693315  
 -01/19/96--01066--002  
 \*\*\*\*\*87.50 \*\*\*\*\*87.50

Office Use Only

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

1. A.O.P., Ltd. (Corporation Name) \_\_\_\_\_ (Document #) \_\_\_\_\_
2. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #) \_\_\_\_\_
3. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #) \_\_\_\_\_
4. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #) \_\_\_\_\_

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 TALLAHASSEE, FLORIDA

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<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

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FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

January 26, 1996

BERKOWITZ, DICK & POLLACK, CPA  
ONE SOUTHEAST THIRD AVENUE  
FIFTEENTH FLOOR  
MAIMI, FL 33131

SUBJECT: A.O.P., LTD.  
Ref. Number: W96000002041

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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We have received your document for A.O.P., LTD. and your check(s) totaling \$87.50. 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.

If you have any questions concerning the filing of your document, please call (904) 487-6025.

Cathy A Mitchell  
Corporate Specialist

Letter Number: 396A00003523



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

February 5, 1996

BERKOWITZ, DICK & POLLACK, CPA  
ONE SOUTHEAST THIRD AVENUE  
FIFTEENTH FLOOR  
MAIMI, FL 33131

SUBJECT: A.O.P., LTD.  
Ref. Number: W96000002041

FILED  
96 FEB 16 AM 10 30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for A.O.P., LTD. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please accept our apology for failing to mention this in our previous letter.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.


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 (904) 487-6025.

Cathy A Mitchell  
Corporate Specialist

Letter Number: 696A00004863

## CERTIFICATE OF LIMITED PARTNERSHIP

1. A.O.P. OF MIAMI, LTD.  
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")
2. ONE S.E. THIRD AVENUE, FIFTEENTH FLOOR, MIAMI, FLORIDA 33131  
(Business address of Limited Partnership)
3. RICHARD A. BERKOWITZ  
(Name of Registered Agent for Service of Process)
4. ONE S.E. THIRD AVENUE, FIFTEENTH FLOOR, MIAMI, FLORIDA 33131  
(Florida street address for Registered Agent)
5.   
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)
6. ONE S.E. THIRD AVENUE, FIFTEENTH FLOOR, MIAMI, FLORIDA 33131  
(Mailing Address of the Limited Partnership)

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 TALLAHASSEE FLORIDA

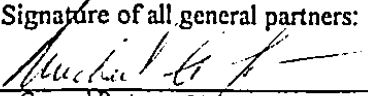
7. The latest date upon which the Limited Partnership is to be dissolved is: 12/31/98

8. Name(s) of general partner(s):	Street address:
<u>COM-JET CORP. F11581</u>	<u>8235 NW 56 STREET, MIAMI, FLORIDA 33166</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 14 day of February, 19 96.

Signature of all general partners:

<u></u> General Partner COM-JET CORP. BY MICHAEL FOREMAN, PRESIDENT _____ General Partner _____ General Partner	_____ General Partner _____ General Partner _____ General Partner
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**AFFIDAVIT OF CAPITAL CONTRIBUTIONS  
FOR FLORIDA LIMITED PARTNERSHIP**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned constituting all of the general partners of \_\_\_\_\_  
A.O.P. OF MIAMI, LTD.

a Florida Limited Partnership, certify:

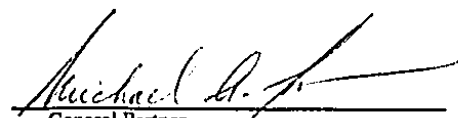
The amount of capital contributions to date of the limited partners is \$ 5,500.

The total amount contributed and anticipated to be contributed by the limited partners at this time  
totals \$ 5,500.

Signed this 14 day of February, 19 96.

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 COM-JET CORP.  
BY MICHAEL FOREMAN, PRESIDENT

\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner