Division of Corporations

Page in 1

Page in 1

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To:

Division of Corporations

Fax Number : (850) 205-0383

From:

Account Name : STEARNS WEAVER MILLER WEISSLER ALHADEFF & SITTERSON, P.A.

Account Number : I20000000262 Phone : (954)462-9500 Fax Number : (954)462-9567

AL

FLORIDA LIMITED PARTNERSHIP

RHF Lovenlund Associates, Ltd.

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$148.75

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CERTIFICATE OF LIMITED PARTNERSHIP

RHF LOVENLUND ASSOCIATES, LTD.

Pursuant to Section 620.108 of the Florida Revised Uniform Limited Partnership Act, the undersigned, being the sole General Partner of RHF LOVENLUND ASSOCIATES, LTD., a Florida limited partnership (the "Partnership"), does hereby execute and submit for filing with the Department of State, State of Florida, this Certificate of Limited Partnership, to read as follows:

> The name of the Limited Partnership is: 1.

> > RHF LOVENLUND ASSOCIATES, LTD.

The office and principal place of business for the Partnership currently is: 2.

516 Northeast 13th Street Fort Lauderdale, FL 33304

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

is:

Robert O. Jackson 516 Northeast 13th Street Fort Lauderdale, FL 33304

The name and address of the sole General Partner of the Partnership is: 4.

RHF Lovenlund, LLC 10/-20357
516 Northeast 13th Street Fort Lauderdale, FL 33304

The mailing address of the Partnership is: 5.

> 516 Northeast 13th Street Fort Lauderdale, FL 33304

The latest date upon which the Partnership shall dissolve is December 31, 6.

2051.

Filed by: Mary O'Dea Stearns Weaver Miller 200 East Broward Blvd. Fort Lauderdale, FL 33301 tel: (954) 462-9500 fax: (954) 462-9567

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IN WITNESS WHEREOF, the undersigned has signed this Certificate of Limited Partnership as sole General Partner pursuant to the provisions of Section 620.114 of the Florida Revised Uniform Limited Partnership Act.

DATED: November 2 2001

RHF Lovenlund, LLC., a Florida limited liability company, its General Partner

By: Robert O. Jackson, Manager

ACCEPTANCE OF APPOINTMENT OF REGISTERED AGENT

Robert O. Jackson hereby accepts her appointment as registered agent for RHF Lovenlund Associates, Ltd., a Florida limited partnership and states that he is familiar with and accepts the obligations provided for in Florida Statutes Section 607.0501.

DATED: November 26, 2001

Robert O. Jackson, Registered Agent

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AFFIDAVIT OF CAPITAL CONTRIBUTIONS

STATE OF FLORIDA SS: COUNTY OF BROWARD

BEFORE ME, the undersigned authority, personally appeared Robert O. Jackson, as Manager of RHF Lovenlund, LLC., a Florida limited liability company, as sole General Partner of RHF Lovenlund Associates, Ltd., a Florida limited partnership (the "Partnership"), who states as follows:

- The aggregate capital contributions made by the Limited Partners of the Partnership to the Partnership is \$100.00
- It is anticipated that the Limited Partners will not make additional contributions to the capital of the Partnership.

RHF LOVENLUND, LLC., a Florida limited liability company, its General Partner

The foregoing instrument was acknowledged before me this 27^m day of November, 2001, by Robert O. Jackson as Manager of RHF Lovenlund, LLC a Florida limited liability company, as sole General Partner of RHF Lovenlund Associates, Ltd., a Florida limited partnership (the "Partnership"), who is personally known to me or who has produced a driver's license as identification and who did (did not) take an oath.

> STEPHEN Print or Stamp Name:

Notary Public, State of Floriga 1009 Commission No.:

My Commission Expires:

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