

A 04000000131

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

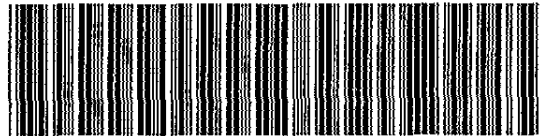
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATION

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CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 407702 4133D

AUTHORIZATION :

COST LIMIT : \$ ~~140.00~~

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : January 23, 2004

ORDER TIME : 10:20 AM

ORDER NO. : 407702-015

CUSTOMER NO: 4133D

CUSTOMER: Ms. Betty Keith
Stearns Weaver Miller
Weissler Alhadeff & Sitterson,
Suite 1900
200 East Broward Boulevard
Ft. Lauderdale, FL 33301

1,837.50

DOMESTIC FILING

NAME: LAKESIDE @ LYONS, LTD.

Di 1 2nd

EFFECTIVE DATE:

 ARTICLES OF INCORPORATION
XX CERTIFICATE OF LIMITED PARTNERSHIP
 ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea - EXT. 2914

EXAMINER'S INITIALS: _____

CERTIFICATE OF LIMITED PARTNERSHIP

OF

LAKESIDE @ LYONS, LTD.

Pursuant to Section 620.108 of the Florida Revised Uniform Limited Partnership Act, the undersigned, being all of the General Partners of Lakeside @ Lyons, Ltd., a Florida limited partnership (the "Partnership"), do hereby execute and submit for filing with the Department of State, State of Florida, this Certificate of Limited Partnership, to read as follows:

1. The name of the Limited Partnership is:

Lakeside @ Lyons, Ltd.

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

1096 East Newport Center Drive
Suite 100
Deerfield Beach, Florida 33442

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

Malcolm Butters
1096 East Newport Center Drive
Suite 100
Deerfield Beach, Florida 33442

4. The name and address of the General Partners of the Partnership are:

Lakeside @ Lyons Creek GP, LLC
6530 West Rogers Circle
Suite 31
Boca Raton, Florida 33487
Attention: Sean M. Leder

Lakeside @ Lyons LLH GP, LLC
1096 East Newport Center Drive
Suite 100
Deerfield, Florida 33442
Attention: Malcolm Butters

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

5. The mailing address of the Partnership is:

1096 East Newport Center Drive
Suite 100
Deerfield Beach, Florida 33442

6. The latest date upon which the Partnership shall dissolve is December 31, 2052.

IN WITNESS WHEREOF, the undersigned representing all of the General Partners have signed this Certificate of Limited Partnership pursuant to the provisions of Section 620.114 of the Florida Revised Uniform Limited Partnership Act.

DATED: January 20, 2004

LAKESIDE @ LYONS CREEK GP, LLC, a Florida
limited liability company

By:  _____

Name: Sean M. Leder

Title: Manager

LAKESIDE @ LYONS LLH GP, LLC, a Florida
limited liability company

By: _____

Name: Malcolm Butters

Title: Manager

ACCEPTANCE OF APPOINTMENT OF REGISTERED AGENT

Malcolm Butters hereby accepts his appointment as registered agent for LAKESIDE @ LYONS, 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: January 20, 2004

Malcolm Butters, Registered Agent

5. The mailing address of the Partnership is:

1096 East Newport Center Drive
Suite 100
Deerfield, Florida 33442

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Title: Manager

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DATED: January 20, 2004

Malcolm Butters, Registered Agent

AFFIDAVIT OF CAPITAL CONTRIBUTIONS


STATE OF FLORIDA)
) SS:
COUNTY OF Broward)

1. The aggregate capital contributions made by the Limited Partners of the Partnership to the Partnership is \$1,000.00.

2. It is anticipated that the Limited Partners will make additional contributions to the capital of the Partnership in the amount of \$1,278,000.

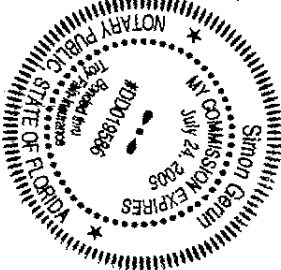
LAKESIDE @ LYONS CREEK GP, LLC,
a Florida limited liability company

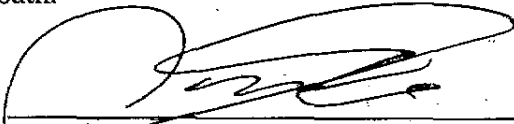
LAKESIDE @ LYONS LLH GP, LLC,
a Florida limited liability company

By: 
Name: Sean M. Leder
Title: Manager

By: _____
Name: Malcolm Butters
Title: Manager

The foregoing instrument was acknowledged before me this 20 day of January, 2004, by Sean M. Leder, as Manager of Lakeside @ Lyons Creek GP, LLC, a Florida limited liability company, as a General Partner of Lakeside @ Lyons, 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.~~




Print or Stamp Name: _____
Notary Public, State of Florida at Large
Commission No.: _____
My Commission Expires: _____

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

STATE OF FLORIDA)
) SS:
COUNTY OF Broward)

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a Florida limited liability company

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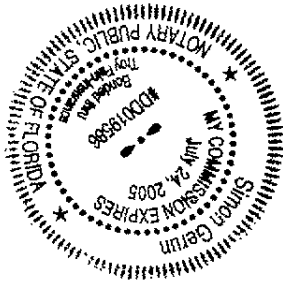
By: _____
Name: Sean M. Leder
Title: Manager


By: _____
Name: Malcolm Butters
Title: Manager

The foregoing instrument was acknowledged before me this 20 day of January, 2004, by Sean M. Leder, as Manager of Lakeside @ Lyons Creek GP, LLC, a Florida limited liability company, as a General Partner of Lakeside @ Lyons, 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.

Print or Stamp Name: _____
Notary Public, State of Florida at Large
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