

A04UUUU001396

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

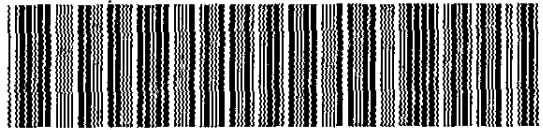
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RECEIVED
04 AUG 27 AM 10:39
DIVISION OF CORPORATION

FILED
04 AUG 27 PM 12:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 865344 80770A

AUTHORIZATION :

COST LIMIT : \$ PPD

ORDER DATE : August 27, 2004

ORDER TIME : 10:02 AM

ORDER NO. : 865344-005

CUSTOMER NO: 80770A

CUSTOMER: Ms. Geraldine Hruda
Boose, Casey, Ciklin, Lubitz,
Martens, Mcbane & O'connell
19th Floor
515 North Flagler Drive
West Palm Beach, FL 33401

DOMESTIC FILING

NAME: LAKE RACHARD ESTATES, LTD.

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
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT. 2956

EXAMINER'S INITIALS: _____

FILED
04 AUG 27 PM 12:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF LIMITED PARTNERSHIP

OF

LAKE RACHARD ESTATES, LTD.

FILED
04 AUG 27 PM 12:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned subscriber, for the purposes of forming a limited partnership under Chapter 620 of the laws of the State of Florida, hereby subscribes to, acknowledges and files the following Certificate of Limited Partnership.

1. **Name**

The name of the proposed limited partnership shall be Lake Rachard Estates, Ltd.

2. **Address**

The address of the proposed limited partnership shall be c/o Gregory S. Kino, Esq., 515 North Flagler Drive, 19th Floor, West Palm Beach, FL 33401.

3. **Registered Agent**

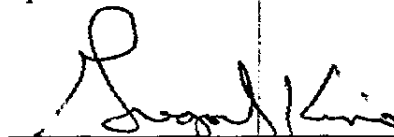
The name of the initial registered agent of this limited partnership is Gregory S. Kino.

4. **Address of Registered Agent**

The street address of the initial registered agent of this limited partnership is 515 North Flagler Drive, 19th Floor, West Palm Beach, Florida 33401.

5. **Acceptance of Registered Agent**

Having been named to accept service of process for the above stated limited partnership, at the place signated in this Certificate, the undersigned hereby agrees to act in this capacity, and further agrees to comply with the provisions of all statutes relative to the proper and complete performance of his duties.



Gregory S. Kino, Esq.

6. **Mailing Address of Limited Partnership**

The mailing address of the limited partnership is c/o Gregory S. Kino, Esq., 515 North Flagler Drive, 19th Floor, West Palm Beach, FL 33401.

7. **Date of Dissolution:**

The latest date upon which the limited partnership is to be dissolved is December 31, 2029.

8. **Name of general partner:**

Arnone Consulting, Inc.

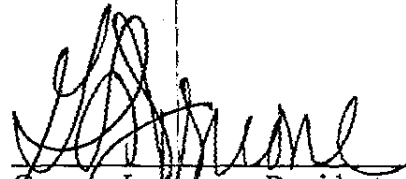
Street address:

139 Loquat Road, N.E.
Lake Placid, FL 33582

Pa4000037910

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 24 day of August, 2004.



Gregory L. Arnone, President
Arnone Consulting, Inc.

AFFIDAVIT OF CAPITAL CONTRIBUTIONS
FOR
LAKE RACHARD ESTATES, LTD.

The undersigned, consisting of the General Partner of Lake Rachard Estates, Ltd., a Florida Limited Partnership, certifies:

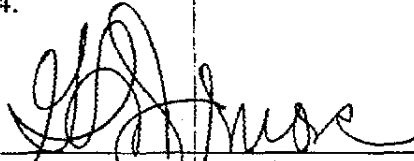
The amount of capital contributions to date of the limited partners is \$ 2,140,000

The total amount contributed and anticipated to be contributed by the limited partners at this time totals \$3,350,000.

FURTHER AFFIANT SAYETH NOT.

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

Signed this 24 day of August, 2004.



Gregory L. Arnone, President
Arnone Consulting, Inc., General Partner