

A04000001425

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

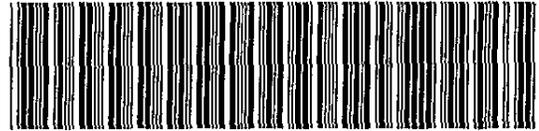
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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A04-1425
OR

LAW OFFICES
MICHAEL LAPAT

3300 University Drive
Suite #311
Coral Springs, Florida 33065
(954) 345-6442
(954) 344-0288 (Fax)

11 South LaSalle Street
Suite # 1500
Chicago, Illinois 60603
(312) 641-3723

Please Reply to Florida Office

August 30, 2004

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

RE: Praxis Capital Partners, Ltd.	\$1,846.25
Praxis Capital Management, LLC	\$ 160.00
<u>Praxis Capital Advisors, LLC</u>	<u>\$ 160.00</u>
	\$2,166.25

Dear Sir or Madam:

Enclosed herein please find a Certificate of Limited Partnership and Articles of Organization for the above referenced LLC's.

Also enclosed is one check in the amount of \$2,166.25 representing the filing and certified copy fees for these formations. Please return file-stamped copies to this office in the enclosed envelope which I have provided.

Should you have any questions, please do not hesitate to contact the undersigned at 888-663-4774.

Very truly yours,

Kristine Cobban

Kristine Cobban

kdc
enclosure

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
AUG 30 3:20 PM '04

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CERTIFICATE OF LIMITED PARTNERSHIP

1. Praxis Capital Partners, Ltd.
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")

2. 5153 Birch Avenue, Sarasota, Florida 34233
(Business address of Limited Partnership)

3. James Kordomenos
(Name of Registered Agent for Service of Process)

4. 5153 Birch Avenue, Sarasota, Florida 34233
(Florida street address for Registered Agent)

5. See below
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)

6. 5153 Birch Avenue, Sarasota, Florida 34233
(Mailing Address of the Limited Partnership)

7. The latest date upon which the Limited Partnership is to be dissolved is: 12/31/2051

8. Name(s) of general partner(s): Street address:

Praxis Capital Management, LLC
604-65050

5153 Birch Avenue
Sarasota, Florida 34233

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 25 day of August, 2004

Signature of all general partners:

James Kordomenos
General Partner

General Partner

By: James Kordomenos, Manager of G.P. Registered Agent

General Partner

General Partner

General Partner

General Partner

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TALLAHASSEE, FLORIDA
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**AFFIDAVIT OF CAPITAL CONTRIBUTIONS
FOR FLORIDA LIMITED PARTNERSHIP**

The undersigned constituting all of the general partners of _____
Praxis Capital Partners, Ltd.

a Florida Limited Partnership, certify:

The amount of capital contributions to date of the limited partners is \$ 0.00.

The total amount contributed and anticipated to be contributed by the limited partners at this time
totals \$ 1,000,000.00.

Signed this 25 day of August, 2004.

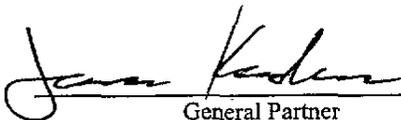
FURTHER AFFIANT SAYETH NOT.

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.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 _____ General Partner By: James Kordomenos, Manager of G.P.	_____ General Partner
_____ General Partner	_____ General Partner
_____ General Partner	_____ General Partner