

A05000000525

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

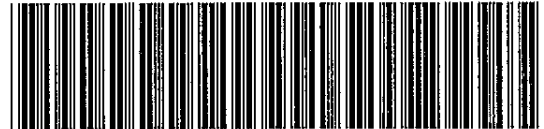
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05 MAR 15 PM 4:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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05 MAR 15 PM 1:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 257969 80770A

AUTHORIZATION :

COST LIMIT : \$ PPD

ORDER DATE : March 15, 2005

ORDER TIME : 10:40 AM

ORDER NO. : 257969-005

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

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05 MAR 15 PM 4:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOMESTIC FILING

NAME: LAKE SIRENA ESTATE, LTD

XX CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Heather Chapman - EXT. 2908

EXAMINER'S INITIALS: \_\_\_\_\_

# **CERTIFICATE OF LIMITED PARTNERSHIP**

## **OF**

### **LAKE SIRENA ESTATES, LTD.**

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.

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05 MAR 15 PM 4:39  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

1. **Name**

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

2. **Address**

The address of the proposed limited partnership shall be Post Office Box 2680, Lake Placid, Florida 33862.

3. **Registered Agent**


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

4. **Address of Registered Agent**

The street address of the initial registered agent of the limited partnership is 515 North Flagler Drive, 17<sup>th</sup> 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, Esquire



EGP0500002245

6. **Mailing Address of Limited Partnership**

The mailing address of the limited partnership is Post Office Box 2680, Lake Placid, Florida 33862

7. **Date of Dissolution**

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

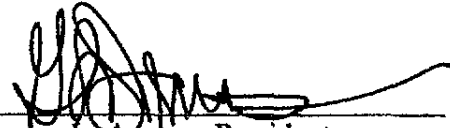
8. **Name of General Partner**

Arnone Consulting, Inc.

Post Office Box 2680.  
Lake Placid, FL 33862

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 February 2005.

  
\_\_\_\_\_  
Gregory L. Arnone, President  
Arnone Consulting, Inc.

EGP050000224 5

**AFFIDAVIT OF CAPITAL CONTRIBUTIONS**  
**FOR**  
**LAKE SIRENA ESTATES, LTD.**

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

The amount of capital contributions to date of the limited partners is \$500,000.00.

The total amount contributed and anticipated to be contributed by the limited partner as this time totals \$1,500,000.00.

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 February 2005.



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