A95000001201

Department of State
Limited Partnerships
409 East Gaines Street
Tallahassee FL 32399

August 7, 1995

To Whom It May Concern,

Enclosed please find a **Certificate of Limited Partnership** and an **Affidavit of Capital Contributions** to be used for the formation of Rachison, Ltd., a Florida limited partnership. Also enclosed is a check in the amount of $1,846.25 made payable to the Department of State. This amount represents the following fees:

Maximum filing fee	$1,570.00
Designation or registered Agent	35.00
Certified copy requested	52.50
Certificate requested	8.75

The acknowledge should be sent to :

Richard Stein
Black Bear Golf Club
24505 Calusa Blvd.
Eustis, FL 32736

The phone number there is (904) 357-4732

700001555527
-08/09/95--01004--001
***1846.25 ***1846.25

FILED
1995 AUG -8 PM 12:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Sincerely,

Richard Stein
President
Sarvan, Inc.

Name Availability	8/10/95 dcc
Document Examiner	DCC
Updater	DCC
Updater Verifyer	DCC
Acknowledgement	DCC
Certifyer	DCC

A95000001201

CERTIFICATE OF LIMITED PARTNERSHIP
OF

1. RACHLSON, LTD.
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")

2. 24505 CALUSA BOULEVARD, EUSTIS, FL 32736
(Business address of Limited Partnership)

3. RICHARD STEIN
(Name of Registered Agent for Service of Process)

4. 2216 DOGWOOD CIRCLE, MOUNT DORA, FL 32757
(Florida street address for Registered Agent)

5. [signature]
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)

6. 24505 CALUSA BOULEVARD, EUSTIS, FL 32736
(Mailing Address of the Limited Partnership)

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95 AUG -8 PM 12:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7. The latest date upon which the Limited Partnership is to be dissolved is _____.

8. Name of general partner(s):

Name	Specific address
SARVAN, INC. - RICHARD STEIN - PRESIDENT	2216 DOGWOOD CIRCLE
E95000001983	MOUNT DORA, FL 32757

Signed this 31RST day of JULY, 19 95.

Signature of all general partners:

[signature] RICHARD STEIN
PRESIDENT - SARVAN, INC.
General Partner

General Partner

General Partner

General Partner

General Partner

General Partner

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

The undersigned constituting all of the general partners of

RACHISON, LTD. *, a Florida Limited Partnership, certify:*

The amount of capital contributions to date of the limited partners is $ 885,000 .

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

FILED
1995 AUG -8 AM 12:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

RICHARD STEIN
PRESIDENT, SAPVAN, INC.
General Partner

General Partner

General Partner

General Partner

General Partner

General Partner

This 31RST day of JULY , 19 95 .

FILE ON OR BEFORE DECEMBER 31, 1995 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND $500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
1995 DEC -8 AM 11:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Name of Limited Partnership

RACHISON, LTD.

1a. DOCUMENT # **A95000001201**

Mailing Address
[redacted] CALUSA BOULEVARD
EUSTIS FL 32726

Principal Office Address
[redacted] CALUSA BOULEVARD
EUSTIS FL 32726

If above addresses are incorrect in any way, line through the incorrect information and enter correct address in Block 2 and/or 2a

2. New Mailing Address, if Applicable
Suite, Apt #, etc
City, State & Zip

200001659472
-12/12/95--01038--006
576.25 576.25

2a. New Principal Office Address, if Applicable
Suite, Apt #, etc
City, State & Zip

3. Date Formed or Registered to Do Business in FLORIDA: 08/08/1985

3a. Date of Last Report: N/A

4. State or Country of Formation: FL

5a. Capital Contributions as Shown on Record: $1,000,000.00

5b. Amount of Capital Contributions in FLORIDA to date: 1,000,000

6. FEI Number

7. CERTIFICATE OF STATE REQUIRED
X Applied For
Not Applicable [redacted]

8. FEES: 1.) Filing Fee: Computed at a rate of $7 per $1,000 on amount entered in 5b or 5a if 5b blank, with a minimum filing fee of $52.50 and a maximum of $437.50
2.) Supplemental Fee: $138.75 (pursuant to section 607.193, F.S.)
THE AMOUNT DUE SHALL BE NO LESS THAN $191.25 ($52.50 + $138.75) AND NO MORE THAN $576.25 ($437.50 + $138.75)
Note: If the amount entered in 5b is greater than amount entered in 5a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.
MAKE CHECK PAYABLE TO FLORIDA DEPT. OF STATE 576.25

9. Name and Address of Current Registered Agent

STERN, RICHARD
2216 DOGWOOD CIRCLE
MOUNT DORA FL 32757

10. If changed, new Registered Agent/Office
Name
Street Address (P.O. Box Number Is Not Acceptable)
Suite, Apt #, etc.
City: FL
Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
SARVAN, INC.	2216 DOGWOOD CIRCLE	MOUNT DORA FL 32757	P[redacted]1002

AR - $437.50
SF - $138.75

12-11-95 aw

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE ✓ _____ DATE 12/2/95

Typed or Printed Name of General Partner Signing Form: Officer of Sarvan, Inc Telephone Number 904-357-4732

CR2E003 (6/95)