

CORPORATE

A95000001389

CORPORATION INFORMATION SERVICES

(Requestor's Name)

1201 Hays Street

(Address)

(904)

Tallahassee, FL 32301 222-9171

(City, State, Zip)

(Phone #)

400001587074

OFFICE USE ONLY

CIS Acct. #

CIS Order #

904-399-0870

AUTHORIZATION #072100000032

1410.00

Patricia Pizzuto

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. RP Investors, LTD
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)



Walk in



Pick up time



Certified Copy



Mail out



Will wait



Photocopy



Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input checked="" type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input checked="" type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

95 SEP 18 PM 1:37

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

9/18/95

Examiner's Initials

BK

CERTIFICATE OF
LIMITED PARTNERSHIP
OF
RP INVESTORS, LTD.

FILED
SECRETARY OF CORPORATIONS
DIVISION
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The undersigned, desiring to form a limited partnership under the laws of the State of Florida, do hereby certify as follows:

1. The name of the limited partnership is RP Investors, Ltd.
2. The mailing address of the partnership is 4217 Baymeadows Road, Suite 2, Jacksonville, Florida 32217.
3. The name and principal business address of the general partner of the partnership are RP Sports & Entertainment Management, Inc., 4217 Baymeadows Road, Suite 2, Jacksonville, Florida 32217

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4. The term for which the partnership shall exist shall commence on the date hereof and shall continue for thirty (30) years from such date, unless the partnership is sooner dissolved and terminated as provided by law or in the Agreement of Limited Partnership by which the partnership shall be governed.

5. The street address of the registered office for the partnership is 4217 Baymeadows Road, Suite 2, Jacksonville, Florida 32217, and the name of the registered agent for service of process at that address is Timothy D. Alters, who is joining in the execution hereof for the purpose of accepting the appointment as registered agent for service of process for the partnership.

IN WITNESS WHEREOF, the undersigned have executed this Certificate this 15th day of September, 1995.

General Partner:

RP Sports & Entertainment
Management, Inc.

By: Timothy D. Alters
Timothy D. Alters, President

Registered Agent:

Timothy D. Alters
Timothy D. Alters

AFFIDAVIT REGARDING
CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned authority personally appeared Timothy D. Alters, the President of RP Sports & Entertainment Management, Inc., who being first duly sworn, declared as follows:

1. RP Sports & Entertainment Management, Inc. is a general partner of RP Investors, Ltd.

2. The capital contributions to said limited partnership as of the date hereof total \$100.00.

3. It is anticipated that the limited partners will contribute an additional \$100.00 to the partnership on or prior to December 31, 1995.

4. This Affidavit is given in compliance with the provisions of Florida Revised Uniform Limited Partnership Act (1986).

Under penalties of perjury, I declare that I have read the foregoing and that the facts alleged are true, to the best of my knowledge and belief.

RP Sports & Entertainment
Management, Inc.

By: Timothy D. Alters
Timothy D. Alters, President

Sworn to and subscribed before me
this 15th day of September, 1995.

[Signature]
Print Name:

Notary WILLIAM A. SARTER of
Florida, Notary Public, State of Florida

My Comm. expires Aug. 11, 1996

My commission No. 6221503

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DIVISION OF CORPORATIONS
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Personally known _____ OR Produced identification _____
Type of identification produced _____