

1201 HAYS STREET
TALLAHASSEE, FL 32301
904-222-9171
904-222-0111 FAX

800-342-8086

A95000001966



ACCOUNT NO. : 072100000032

REFERENCE : 773237 81522A

AUTHORIZATION :

COST LIMIT : \$ PREPAID

ORDER DATE : December 16, 1995

ORDER TIME : 11:09 AM

ORDER NO. : 773237

CUSTOMER NO: 81522A

CUSTOMER: Ms. Lori Canterberry
MURAI WALD & BIONDO

900 Ingraham Building
25 S. E. Second Avenue
Miami, FL 33131

G-TAX
FILING 17.50
R. AGENT FEE 9.50
C. COPY 52.50
TOTAL 78.50
N. OF INK
BALANCE DUE
OFFERED

R45000005112

my ml

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 DEC 18 AM 10:22

RECEIVED
95 DEC 18 AM 9:15
DIVISION OF CORPORATIONS

DOMESTIC FILING

NAME: LAKESIDE TELECOM LIMITED
PARTNERSHIP

600001668206
-12/21/95--01087--010
***1837.50 ***1837.50

ARTICLES OF INCORPORATION
☒ CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☒ CERTIFIED COPY
☐ PLAIN STAMPED COPY
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Debbie Skipper

EXAMINER'S INITIALS:

BR

CERTIFICATE OF LIMITED PARTNERSHIP
OF LAKESIDE TELECOM LIMITED PARTNERSHIP

The undersigned, desiring to form a limited partnership pursuant to the laws of the state of Florida, certify as follows:

1. The name of the Partnership is LAKESIDE TELECOM LIMITED PARTNERSHIP, a Florida limited partnership.
2. The purpose of the Partnership is to acquire and manage real and personal property.
3. The principal place of business and mailing address of the Partnership is 2121 Ponce de Leon Boulevard, Penthouse, Coral Gables, Florida 33134.
4. The name and principal place of business of the General Partner is as follows:

General Partner: Lakeside Telecom, Inc.
2121 Ponce de Leon Boulevard
Penthouse
Coral Gables, Florida 33134

5. The term for which the Partnership is to exist is from the date of the Certificate of Limited Partnership is issued by the Secretary of State, through December 31, 2009, unless sooner terminated.
6. The amount of property initially contributed by the Limited Partners is \$4,325,000.00.
7. The Limited Partners are not required to contribute any additional capital to the Partnership.
8. The name and address of the Registered Agent for service of process is:
Stewart Marcus
2121 Ponce de Leon Boulevard
Penthouse
Coral Gables, Florida 33134

IN WITNESS WHEREOF, the undersigned, being duly sworn, have certified, sworn to and agreed to the foregoing this 13th day of DECEMBER, 1995.

GENERAL PARTNER:

LAKESIDE TELECOM, INC.

By: Stewart Marcus
Stewart Marcus, President

STATE OF FLORIDA)
): ss.
COUNTY OF DADE)

The foregoing instrument was acknowledged before me this 13th day of DECEMBER, 1995 by Stewart Marcus, as President, of Lakeside Telecom, Inc., on behalf of the corporation. He is personally known to me or has produced identification.

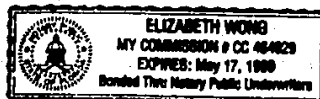
Elizabeth Wong
NOTARY PUBLIC,
STATE OF FLORIDA

Print name:

Commission No.:

My Commission expires:

G:\MARCUS\TAYLOR\CERT.LP



CERTIFICATE OF REGISTERED AGENT
OF
LAKESIDE TELECOM LIMITED PARTNERSHIP

FILED STATIONS
SECRETARY OF CORPORATIONS
9 DEC 18 AM 1995

In pursuance of Chapter 620.105, Florida Statutes, the following is submitted, in compliance with said Act:

That LAKESIDE TELECOM LIMITED PARTNERSHIP is desiring to organize under the laws of the State of Florida with its principal office, as indicated in the Certificate of Limited Partnership, at City of Coral Gables, County of Dade, State of Florida, has named Stewart Marcus, 2121 Ponce de Leon Blvd., Penthouse, Coral Gables, Florida 33134, as its agent to accept service of process within this State.

A C K N O W L E D G M E N T

Having been named to accept service of process for the above stated corporation, at place designated in this Certificate, I hereby accept to act in this capacity, and agree to comply with the provision of said Act relative to keeping open said office.

Dated this 7th day of DECEMBER, 1995.

Stewart Marcus
Stewart Marcus

AFFIDAVIT

STATE OF FLORIDA)
): ss.
COUNTY OF DADE)

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
95 DEC 18 AM 10:22

BEFORE ME, the undersigned authority personally appeared
STEWART MARCUS, who being duly sworn deposes and states as follows:

1. That he is the President of LAKESIDE TELECOM, INC.,
the sole general partner in the partnership known as LAKESIDE
TELECOM LIMITED PARTNERSHIP.

2. That the capital of the Partnership is
\$4,325,000.00, all of which was contributed by the limited
partners. No additional contributions are anticipated at this
time.

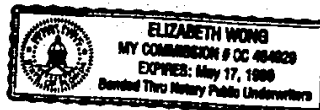
Further Affiant sayeth naught.

Stewart Marcus
STEWART MARCUS

The foregoing instrument was acknowledged before me this 7th
day of DECEMBER, 1995 by Stewart Marcus, who is personally
known to me or who has produced _____ as
identification.

Elizabeth Wong
NOTARY PUBLIC,
STATE OF FLORIDA
Print name: _____
Commission No.: _____

My Commission expires:



G:\MARCUS\TAYLOR\CERT.LP

FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$600 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
San Jia Morjaim
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 JAN 25 AM 8:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

Lakeside Telecom Limited Partnership

1a. DOCUMENT #
A950000019166

Mailing Address

2121 Ponce de Leon Blvd.
Penthouse
Coral Gables, Florida
33134

Principal Office Address

2121 Ponce de Leon Blvd.
Penthouse
Coral Gables, Florida
33134

3. Date formed or registered to do business in
FLORIDA

12/28/95

3a. Date of Last Report

N/A

4. State or Country of Formation

FL

5a. Capital Contributions as Shown
on Record

4,325,000

5b. Amount of Capital Contributions in
FLORIDA to date

\$3,825,000.00

6. FEI Number
65-0626935

2. New Mailing Address, if Applicable

Suite, Apt. #, etc.

City, State & Zip

500001699795

01/29/96-01012-020

***288.12 ***288.12

2a. New Principal Office Address, if Applicable

Suite, Apt. #, etc.

City, State & Zip

500001699795

01/29/96-01012-021

***288.13 ***288.13

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 \$570.25 (\$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

Applied For

Not Applicable

7. CERTIFICATE OF STATUS REQUIRED

9. Name and Address of Current Registered Agent

Lloyd Boggio
Clinton International Group
2121 Ponce de Leon Blvd. PH 2
Coral Gables, Florida 33134

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

10. If changed, new Registered Agent/Office

FL

Zip Code

SIGNATURE (Registered Agent Accepting Appointment)

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)

Lakeside Telecom, Inc.

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

2121 Ponce de Leon
Boulevard, PH 2

11b. City, State & Zip Code

Coral Gables, Fla.
33134

11c. Registration/
Document Number

0950000910544

-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 provided by Chapter 60, Florida Statutes.

SIGNATURE

Typed or Printed Name of General Partner Signing Form

Lloyd Boggio

DATE 12/27/95

Telephone Number (805) 441-8188

CR2E003 (6/95)