1201 Hays Street
Tallahassee, FL 32301
904-222-9171
222-0[illegible] FAX
800-342-8036

A95000001966

CSC networks
PRENTICE HALL
LEGAL & FINANCIAL SERVICES

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

~~C. TAX~~
FILING 175.00
R. AGENT FEE 35.00
C. COPY 52.50
TOTAL 1837.50
N. CHK
BALANCE DUE
REFUND

R45000005112

12/18/95

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 DEC 18 AM 9:22

RECEIVED
95 DEC 18 AM 9:15
DIVISION of CORPORATION

DOMESTIC FILING

NAME: LAKESIDE TELECOM LIMITED PARTNERSHIP

500001688206
-12/21/95--01087--010
***1837.50 ***1837.50

_____ ARTICLES OF INCORPORATION
XX CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX_____ CERTIFIED COPY
_____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Debbie Skipper

EXAMINER'S INITIALS:

CERTIFICATE OF LIMITED PARTNERSHIP OF LAKESIDE TELECOM LIMITED PARTNERSHIP

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

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.
P95000090544 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: S 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 _____ as identification.

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

My Commission expires:

G:\MARCUS\TAYLOR\CERT.LP

ELIZABETH WONG
MY COMMISSION # CC 464829
EXPIRES: May 17, 1999
Bonded Thru Notary Public Underwriters

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

CERTIFICATE OF REGISTERED AGENT
OF
LAKESIDE TELECOM LIMITED PARTNERSHIP

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.

S Marcus
Stewart Marcus

G:\MARCUS\TAYLOR\CERT.LP

AFFIDAVIT

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

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

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.

S 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:

ELIZABETH WONG
MY COMMISSION # CC 464829
EXPIRES: May 17, 1998
Bonded Thru Notary Public Underwriters

G:\MARCUS\TAYLOR\CERT.LP

FILE ON OR BEFORE DECEMBER 31, 1995 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND $400 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT

1996

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

FILED
96 JAN 25 AM 8:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Name of Limited Partnership

Lakeside Telecom Limited Partnership

1a. DOCUMENT # A95000001916

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

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

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

3. Date Formed or Registered to Do Business in FLORIDA
12/18/95

3a. Date of Last Report
N/A

4. State or Country of Formation
FL

5a. Capital Contributions as Shown on Record
4,325,000 N/A

5b. Amount of Capital Contributions in FLORIDA to date
$3,825,000.00

6. FEI Number
65-0626935

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

Applied For ☐
Not Applicable ☐

7. CERTIFICATE OF STATUS REQUIRED ☐ [redacted]

Q1-26

9. Name and Address of Current Registered Agent

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

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. Each 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 620.193, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE 1/21/96

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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
Lakeside Telecom, Inc.	2121 Ponce de Leon Boulevard, PH 2	Coral Gables, Fla. 33134	P95000090544

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 _____

Typed or Printed Name of General Partner Signing Form Lloyd J. Boggio

DATE 12/27/95

Telephone Number (305) 441-8188

CR2E003 (6/95)