

A96000000680

TODD A. STERZOY
Holland and Knight

(Requestor's Name)
315 South Calhoun Street Suite 600
(Address)
Tallahassee, Florida 32302
(City, State, Zip) (Phone #)

OFFICE USE ONLY

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR - 9 PM 12:41

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

1. <u>Praxis Housing Initiatives, Ltd</u>	(Corporation Name)	(Document #)	J. TAX <u>52-57</u>
2. _____	(Corporation Name)	(Document #)	FILING <u>28-00</u>
3. _____	(Corporation Name)	(Document #)	R. AGENT FEE <u>52-52</u>
4. _____	(Corporation Name)	(Document #)	C. COPY <u>140.00</u>
			TOTAL _____
			N. BANK _____
			BALANCE DUE _____
			REFUND _____

☒ Walk in ☒ Pick up time 1:00
☐ Mail out ☐ Will wait ☐ Photocopy

☒ Certified Copy
☐ Certificate of Status

13K
4/9/96

NEW FILINGS	AMENDMENTS
<input type="checkbox"/> Profit	<input type="checkbox"/> Amendment
<input type="checkbox"/> NonProfit	<input type="checkbox"/> Resignation of R.A., Officer/Director
<input type="checkbox"/> Limited Liability	<input type="checkbox"/> Change of Registered Agent
<input type="checkbox"/> Domestication	<input type="checkbox"/> Dissolution/Withdrawal
<input type="checkbox"/> Other	<input type="checkbox"/> Merger

100001770071
-04/11/96--01063--004
****140.00 ****140.00

OTHER FILINGS	REGISTRATION/ QUALIFICATION
<input type="checkbox"/> Annual Report	<input type="checkbox"/> Foreign
<input type="checkbox"/> Fictitious Name	<input checked="" type="checkbox"/> Limited Partnership
<input type="checkbox"/> Name Reservation	<input type="checkbox"/> Reinstatement
	<input type="checkbox"/> Trademark
	<input type="checkbox"/> Other

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Examiner's Initials

13

**CERTIFICATE OF LIMITED PARTNERSHIP
OF
PRAXIS HOUSING INITIATIVES, LTD.**

The undersigned, pursuant to the provisions of Section 620.108 of the Florida Statutes, do hereby certify and swear in this Certificate of Limited Partnership to the following:

1. **NAME.**

The name of the Limited Partnership is:

PRAXIS HOUSING INITIATIVES, LTD.

2. **REGISTERED AGENT.**

The name and address of the Registered Agent for the Limited Partnership is:

STEVEN R. KRAKOWER
1123 Pinellas Street
Clearwater, Florida 34616

3. **GENERAL PARTNERS.**

The names and business addresses of the general partners are:

PRAXIS HOUSING INITIATIVES, INC.
1123 Pinellas Street
Clearwater, Florida 34616

STEVEN R. KRAKOWER
1123 Pinellas Street
Clearwater, Florida 34616

CAROLANNE KRAKOWER
1123 Pinellas Street
Clearwater, Florida 34616

4. **MAILING ADDRESS.**

The mailing address for the Limited Partnership and the location of its principal place of business is as follows:

1123 Pinellas Street
Clearwater, Florida 34616

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STATE OF FLORIDA
CLERK OF CIRCUIT COURT
APR - 9 PM 12:41

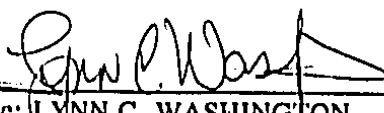
N 9600001857

5. DISSOLUTION DATE.

The latest date upon which the Limited Partnership is to dissolve is December 31, 2046.

IN WITNESS WHEREOF, the General Partners have executed this Certificate of Limited Partnership on the dates indicated.

PRAXIS HOUSING INITIATIVES, INC.,
Florida corporation

By: 
Name: LYNN C. WASHINGTON
Title: Vice President

Dated: April 5, 1996


STEVEN R. KRAKOWER

Dated: April 8, 1996


CAROLANNE KRAKOWER

Dated: 4-8-96

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SECRETARY OF STATE
PRAXIS HOUSING INITIATIVES, INC.
APR 12 1996

ACCEPTANCE

Pursuant to Section 620.192 of the Florida Statutes, the undersigned accepts its appointment as registered agent for PRAXIS HOUSING INITIATIVES, LTD., a Florida limited partnership, and accepts all obligations imposed on it as such under Florida law.

Executed this 8th day of April, 1996.

Steven R. Krakower
Steven R. Krakower

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96 APR -9 PM 12:41

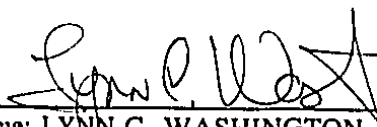
AFFIDAVIT

STATE OF FLORIDA)
) ss:
COUNTY OF DADE)

The undersigned as the general partners of PRAXIS HOUSING INITIATIVES, LTD., a Florida limited partnership (the "Limited Partnership"), declare as follows:

The total of capital contributions of the limited partners of the Limited Partnership through this date is \$100.00 and the anticipated future capital contributions of the limited partners to the Limited Partnership is \$100.00.

PRAXIS HOUSING INITIATIVES, INC., a
Florida corporation

By: 
Name: LYNN C. WASHINGTON
Title: Vice President


STEVEN R. KRAKOWER


CAROLANNE KRAKOWER

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STATE
SECRETARY OF
CORPORATIONS
APR -9 PM 12:41

STATE OF FLORIDA)
) ss:
COUNTY OF DADE)

April, 1996 The foregoing instrument was acknowledged before me this 5th day of April, 1996 by Lynn C. Washington of PRAXIS HOUSING INITIATIVES, INC., a Florida corporation, on behalf of the corporation. He is personally known to me and did not take an oath.

Bruce Stone
Name: _____
Commission No.: _____
NOTARY PUBLIC
STATE OF FLORIDA AT LARGE

My commission expires:



BRUCE M. STONE
MY COMMISSION # CC 219528 EXPIRES
August 3, 1998
BONDED THRU TROY FAH INSURANCE, INC.

FILED
STATE OF FLORIDA
DIVISION OF
REGISTRATION
APR 12 1996

STATE OF FLORIDA)
) ss:
COUNTY OF Pinellas)

The foregoing instrument was acknowledged before me this 8 day of April, 1996 by STEVEN R. KRAKOWER. He is personally known to me or has produced New York Power Light as identification.

Joseph M. Pugliano
Name: _____
Commission No.: _____
NOTARY PUBLIC
STATE OF FLORIDA AT LARGE

My commission expires:

OFFICIAL NOTARY SEAL
JOSEPH M PUGLIANO
NOTARY PUBLIC STATE OF FLORIDA
COMMISSION NO. CC528018
MY COMMISSION EXP. FEB. 14, 2000

STATE OF FLORIDA)
) ss:
COUNTY OF Duval)

The foregoing instrument was acknowledged before me this 8 day of April, 1996 by CAROLANNE KRAKOWER. She is personally known to me or has produced New Jersey Driver License as identification.

Joseph M. Pugliano
Name: _____
Commission No.: _____
NOTARY PUBLIC
STATE OF FLORIDA AT LARGE

My commission expires:

MIA3-383260

OFFICIAL NOTARY SEAL
JOSEPH M PUGLIANO
NOTARY PUBLIC STATE OF FLORIDA
COMMISSION NO. CC528018
MY COMMISSION EXP. FEB. 14, 2000

SECRETARY OF STATE
DIVISION OF OPERATIONS
95 APR - 9
FILE 11