

A97000002642

87.50

Tim ACERNS

Requestor's Name

930 S. 3RD ST A 206

Address

JACKSONVILLE Bch, FL 32250

City/State/Zip

Phone #

904-241-8000

Office Use Only

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

1. R. P. ORTEGA INVESTORS, LTD

(Corporation Name)

(Document #)

000002370410--9

-12/12/97--01022--004

2306.25 **87.50

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 State

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

TAX FILING 52.50
R. AGENT FEE 35.00
COPY 87.50
TOTAL 87.50
V. BANK
BALANCE DUE
FIND

FILED
97 DEC -8 PM 4: 18
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED
97 DEC -8 PM 4: 20
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Examiner's Initials

**CERTIFICATE OF LIMITED PARTNERSHIP
OF
RP ORTEGA INVESTORS, LTD.**

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 ORTEGA INVESTORS, LTD.

2. The mailing address of the partnership is 830 S. Third Street, Suite 206, Jacksonville Beach, Florida 32250.

3. The name and principal business address of the general partner of the partnership are RP Sports and Entertainment Management, Inc., 830 S. 3rd Street, Suite 206, Jacksonville Beach, Florida 32250.

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.

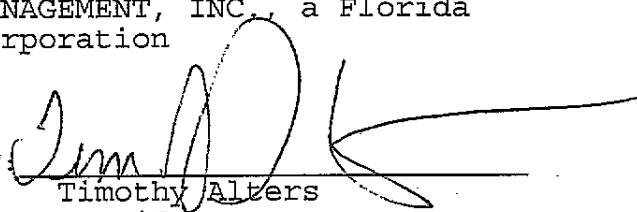
5. The street address of the registered office for the partnership is 830 S. 3rd Street, Suite 206, Jacksonville Beach, Florida 32250, and the name of the registered agent for service of process at that address is Timothy Alters, who is joining in the execution hereof for the purpose of accepting the appointment as registered agent for service of process for the partnership.

IN WITNESS WHEREOF, the undersigned have executed this Certificate this 8 day of December, 1997.

General Partner:

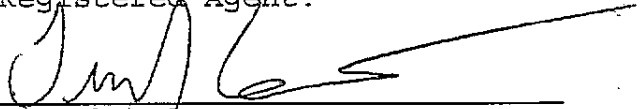
RP INVESTORS, LTD., a Florida limited partnership

BY: RP SPORTS AND ENTERTAINMENT
MANAGEMENT, INC., a Florida
corporation

By: 
Timothy Alters
President

FILED
97 DEC -8 PM 4:20
CLERK OF STATE
JACKSONVILLE
FLORIDA

Registered Agent:



Timothy Alters

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

AFFIDAVIT REGARDING
CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned authority personally appeared Timothy Alters, who being first duly sworn, declared as follows:

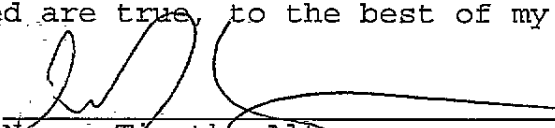
1. He is the president of RP Sports and Entertainment Management, Inc., a Florida corporation, the general partner of RP ORTEGA INVESTORS, LTD., a Florida limited partnership.

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, 1997.

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.


Name: Timothy Alters

Sworn to and subscribed before me
this 8th day of December, 1997.


Name:

Notary Public, State of
Florida, at Large

My commission expires:



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SECRETARY OF STATE
TALLAHASSEE FLORIDA