

Simple Request
Requestor's Name **A98000001881**

Address

City/State/Zip Phone #

Office Use Only

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

1. Westgate Funding I Ltd
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

FILED STATE
SECRETARY OF CORPORATIONS
98 AUG -5 PM 1:32

- ☒ 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 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 checked="" type="checkbox"/>	Foreign
<input checked="" type="checkbox"/>	Limited Partnership
<input checked="" type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

file
RECEIVED
98 AUG -5 PM 12:11
DIVISION OF CORPORATION

400002608204-- 6
-08/05/98--01086--006
***1846.25 ***1846.25

Examiner's Initials

CERTIFICATE OF LIMITED PARTNERSHIP

OF

WESTGATE FUNDING I, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 AUG -5 PM 4:32

The undersigned sole general partner, Westgate General Funding I, Inc., hereby forms a limited partnership pursuant to and in accordance with the Florida Revised Uniform Limited Partnership Act (Florida Statutes Section 620.101, et seq.) as follows:

1. Name. The name of the limited partnership (the "Partnership") is Westgate Funding I, Ltd.
2. Office Address. The address of the office of the Partnership in the State of Florida is:

c/o Michael Marder
Greenspoon, Marder, Hirschfeld,
Rafkin, Ross & Berger, P.A.
South Trust Bank Building
Suite 1100
135 West Central Boulevard
Orlando, Florida 32801

3. Registered Agent. The name and address of the registered agent of the Partnership for service of process on the Partnership in the State of Florida is:

Westgate General Funding I, Inc.
c/o Michael Marder
Greenspoon, Marder, Hirschfeld,
Rafkin, Ross & Berger, P.A.
South Trust Bank Building
Suite 1100
135 West Central Boulevard
Orlando, Florida 32801

4. General Partner. The name and business address of the General Partner is:

Westgate General Funding I, Inc.
c/o Michael Marder
Greenspoon, Marder, Hirschfeld,
Rafkin, Ross & Berger, P.A.
South Trust Bank Building
Suite 1100
135 West Central Boulevard
Orlando, Florida 32801

Pyuuu0848

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 AUG -5 PM 4:32

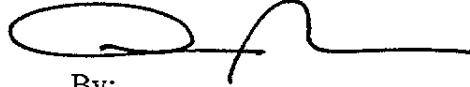
5. Mailing Address. The mailing address of the Partnership is:

c/o Michael Marder
Greenspoon, Marder, Hirschfeld,
Rafkin, Ross & Berger, P.A.
South Trust Bank Building
Suite 1100
135 West Central Boulevard
Orlando, Florida 32801

6. Dissolution. The latest date upon which the Partnership will dissolve is
December 31, 2050.

IN WITNESS WHEREOF, the undersigned has duly executed this Certificate of
Limited Partnership as of the 3rd day of August, 1998.

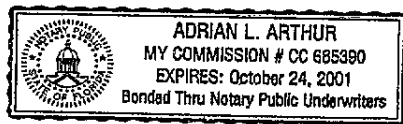
By: Westgate General Funding I, Inc.,
General Partner



By: _____
David A. Siegel, President

STATE OF FLORIDA)
) ss:
COUNTY OF ~~OSCEOLA~~ ORANGE)

The foregoing instrument was acknowledged before me this 3rd day of August,
1998, by David A. Siegel, President of Westgate General Funding I, Inc., the sole general partner
of Westgate Funding I, Ltd., who is personally known to me or who has produced
_____ as identification and who did take an oath.



NOTARY PUBLIC, State of Florida
(Seal)

Sign: Adrian L. Arthur

Print Name: Adrian L. Arthur

Commission expires: 10/24/01

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 AUG -5 PM 4:32

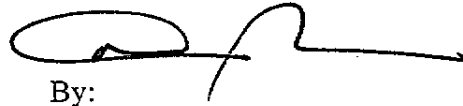
**CERTIFICATE DESIGNATING REGISTERED AGENT
AND REGISTERED OFFICE**

In compliance with Florida Statutes Section 620.192, the following is submitted:

Westgate Funding I, Ltd., desiring to organize as a Limited Partnership under the laws of the State of Florida, has designated c/o Michael Marder, Greenspoon, Marder, Hirschfeld, Rafkin, Ross & Berger, P.A., South Trust Bank Building, Suite 1100, 135 West Central Boulevard, Orlando, Florida 32801 as its initial Registered Office, and has named Westgate General Funding I, Inc., located at the same address, as its Registered Agent.

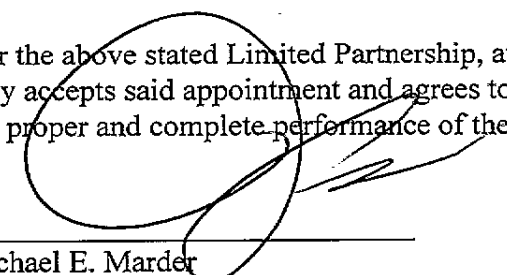
WESTGATE FUNDING I, LTD.

By: Westgate General Funding I, Inc.,
General Partner



By: _____
David A. Siegel, President

Having been named Registered Agent for the above stated Limited Partnership, at the designated Registered Office, the undersigned hereby accepts said appointment and agrees to comply with the provisions of all statutes relating to the proper and complete performance of the undersigned's duties.



Michael E. Marder
Registered Agent

Date: _____

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 AUG -5 PM 4:32

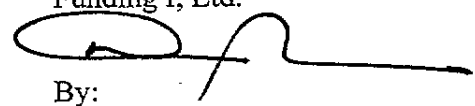
AFFIDAVIT OF CAPITAL CONTRIBUTIONS

The undersigned, being the sole general partner of Westgate Funding I, Ltd., a Florida limited partnership, upon penalty of perjury, certifies as follows:

1. The amount of capital contributions of the general partner is \$10.
actual and anticipated
2. The capital contributions of the limited partners is anticipated to be a book of timeshare receivables having an outstanding principal balance of approximately \$2,000,000,000.

Dated this 3rd day of August, 1998.

WESTGATE GENERAL FUNDING I,
INC., as General Partner of Westgate
Funding I, Ltd.

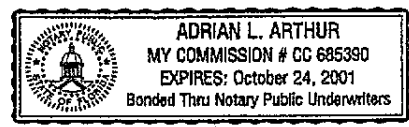


By: _____
Name: David A. Siegel
Title: President

STATE OF FLORIDA)
)ss :
COUNTY OF OSCEOLA)

The foregoing instrument was acknowledged before me this 3rd day of August, 1998, by David A. Siegel, President of Westgate General Funding I, Inc., the sole general partner of Westgate Funding I, Ltd., who is personally known to me or who has produced _____ as identification and who did take an oath.

NOTARY PUBLIC, State of Florida
(Seal)



Sign: Adrian L. Arthur
Print Name: Adrian L. Arthur
Commission expires: 10/24/01