



THE UNITED STATES
CORPORATION
COMPANY

A98000002490

ACCOUNT NO. : 072100000032

REFERENCE : 019225 4312129

AUTHORIZATION : *Patricia Pyjunt*

COST LIMIT : \$ 1,180.50

FILED OF STATE
SECRETARY OF CORPORATIONS
98 NOV -3 PM 1:45
DIVISION OF CORPORATIONS

ORDER DATE : November 3, 1998

ORDER TIME : 10:46 AM

ORDER NO. : 019225-005

CUSTOMER NO: 4312129

500002679115--7

CUSTOMER: Suzanna K. Bailey, Legal Asst
DICKENSON MURDOCH REX & SLOAN,
DICKENSON MURDOCH REX & SLOAN,
Suite 410
980 North Federal Highway
Boca Raton, FL 33432

DOMESTIC FILING

NAME: RAMCAKUTRO, LTD

EFFECTIVE DATE: *(6)*

XX 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: Angie Glisar

EXAMINER'S INITIALS:

hpc 11/3/98

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DIVISION OF CORPORATIONS

CERTIFICATE OF LIMITED PARTNERSHIP OF
RAMCAKUTRO, LTD.
a Florida limited partnership

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The undersigned General Partners, desiring to form a limited partnership pursuant to the Florida Revised Uniform Limited Partnership Act (1986), hereby state:

1. The name of the Partnership is RAMCAKUTRO, LTD.
2. The address of the office of the Partnership is 6885 SYLVAN WOODS DRIVE, SANFORD, FLORIDA 32771.
3. The name and address of the agent for service of process on the Partnership is: William B. Campbell, Jr., 6885 Sylvan Woods Drive, Sanford, Florida 32771.
4. The name and business address of the general partners are:

WILLIAM B. CAMPBELL, JR.
6885 SYLVAN WOODS DRIVE
SANFORD, FLORIDA 32771

GEORGIANNA CAMPBELL
6885 SYLVAN WOODS DRIVE
SANFORD, FLORIDA 32771

5. The mailing address of the Partnership is:

6885 SYLVAN WOODS DRIVE
SANFORD, FLORIDA 32771

6. The latest date upon which the Partnership shall dissolve is JULY 31, 2030.

The execution of this certificate by the undersigned General Partners constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

IN WITNESS WHEREOF, this Certificate of Limited Partnership has been executed on behalf of the General Partners of RAMCAKUTRO, LTD. this 29th day of Oct, 1998.

GENERAL PARTNERS:


WILLIAM B. CAMPBELL, JR.


GEORGIANNA CAMPBELL

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98 NOV -3 PM 1:45

STATE OF Georgia
COUNTY OF Pickens

SWORN TO AND SUBSCRIBED before me this 29th day of Oct, 1998,
by WILLIAM B. CAMPBELL, JR., on behalf of the Limited Partnership. He ☒ is personally known
to me, or ☐ produced _____ as identification.

Kathryn D Luck
Notary Public

[SEAL]

MY COMMISSION EXPIRES MARCH 17, 2002

Printed Name of Notary/Serial number

My Commission Expires:

STATE OF Georgia
COUNTY OF Pickens

SWORN TO AND SUBSCRIBED before me this 29th day of Oct, 1998,
by GEORGIANNA CAMPBELL, on behalf of the Limited Partnership. She ☒ is personally known
to me, or ☐ produced _____ as identification.

Kathryn D Luck
Notary Public

[SEAL]

MY COMMISSION EXPIRES MARCH 17, 2002

Printed Name of Notary/Serial number

My Commission Expires:

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been named as statutory registered agent for RAMCAKUTRO, LTD., a Florida limited partnership (the "Partnership"), in the foregoing Certificate of Limited Partnership, I hereby agree to act in that capacity, and, on behalf of the Partnership, to accept service of process for the Partnership and to comply with any and all statutes relative to the complete and proper performance of the duties of registered agent.

REGISTERED AGENT:



WILLIAM B. CAMPBELL JR.

Printed Name

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DIVISION OF CORPORATIONS
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AFFIDAVIT OF CAPITAL CONTRIBUTIONS

STATE OF Georgia
COUNTY OF Pickens

BEFORE ME, the undersigned authority, personally appeared WILLIAM B. CAMPBELL, JR. and GEORGIANNA CAMPBELL, the general partners of RAMCAKUTRO, LTD. (the "Partnership"), who, upon being duly sworn, certified as follows:

1. The amount of capital contributions to the Partnership made by the limited partners is, in the aggregate, ONE HUNDRED FIFTY SIX THOUSAND TWO HUNDRED DOLLARS (\$156,200.00).

2. At this time, it is not anticipated that additional capital contributions will be made by the limited partners.

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.

APPLICANT

William B. Campbell, Jr.
WILLIAM B. CAMPBELL, JR.

Georgianna Campbell
GEORGIANNA CAMPBELL

STATE OF Georgia
COUNTY OF Pickens

SWORN TO AND SUBSCRIBED before me this 29th day of Oct., 1998, by WILLIAM B. CAMPBELL, JR. on behalf of the Limited Partnership. He ☒ is personally known to me, or ☐ produced _____ as identification.

Kathryn D. Frick
Notary Public

[SEAL]

KATHRYN D. FRICK
Printed Name of Notary/Serial number

My Commission Expires: MY COMMISSION EXPIRES MARCH 17, 2001

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 NOV -3 PM 1:45

STATE OF Georgia
COUNTY OF Pickens

SWORN TO AND SUBSCRIBED before me this 29th day of Oct., 1998, by
GEORGIANNA CAMPBELL on behalf of the Limited Partnership. She ☒ is personally known to
me, or ☐ produced _____ as identification.

Kathryn D. Frick
Notary Public

[SEAL]

KATHRYN D. FRICK
Printed Name of Notary/Serial number

My Commission Expires: MY COMMISSION EXPIRES MARCH 17, 2002