



THE UNITED STATES
CORPORATION
COMPANY

A99000000990

ACCOUNT NO. : 072100000032

REFERENCE : 279484 121049A

AUTHORIZATION :

COST LIMIT : \$ 948.50

Patricia P.

ORDER DATE : June 18, 1999

ORDER TIME : 11:08 AM

ORDER NO. : 279484-005

200002909362-10

CUSTOMER NO: 121049A

CUSTOMER: Ms. Marla Mayster
AKERMAN SENTERFITT & EIDSON,
AKERMAN SENTERFITT & EIDSON,
Las Olas Centre, Suite 950
450 East Las Olas Boulevard
Fort Lauderdale, FL 33301

FILED
STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
99 JUN 18 PM 3:26

DOMESTIC FILING

NAME: RAYMOND FAMILY HOLDINGS, LTD.

EFFECTIVE DATE:

896.00
52.50

ARTICLES OF INCORPORATION
☒ CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☒ CERTIFIED COPY
☐ PLAIN STAMPED COPY
☐ CERTIFICATE OF GOOD STANDING

5

CONTACT PERSON: Janna Wilson

EXAMINER'S INITIALS: _____

RECEIVED

99 JUN 18 PM 1:43

DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

MP 6/18/99

**CERTIFICATE OF LIMITED PARTNERSHIP
AND
AFFIDAVIT DECLARING AMOUNT OF CAPITAL CONTRIBUTIONS
OF
RAYMOND FAMILY HOLDINGS, LTD.**

FILED
OFFICE OF STATE
DIVISION OF CORPORATIONS
99 JUN 18 PM 3:25

The undersigned, desiring to form a limited partnership under the Florida Revised Uniform Limited Partnership Act (1986), hereby state the following as the **CERTIFICATE OF LIMITED PARTNERSHIP** and **AFFIDAVIT DECLARING AMOUNT OF CAPITAL CONTRIBUTIONS**.

1. The name of the Limited Partnership is **RAYMOND FAMILY HOLDINGS, LTD.**

2. The office of the Partnership is located at 2855 Morning Glory Circle, Davie, Florida, 33328, which is also the location of its principal place of business and its mailing address.

3. The name and address of the agent for service of process required to be maintained by F.S. § 620.105 are:

Charles Raymond
2855 Morning Glory Circle
Davie, Florida 33328

4. The name and address of the General Partner are:

Raymond Holdings, Inc.
2855 Morning Glory Circle
Davie, Florida 33328

89900055037

5. The name and address of the Limited Partner are:

Charles Raymond
2855 Morning Glory Circle
Davie, Florida 33328

6. The term of the Partnership shall commence with the filing of the Partnership's Certificate of Limited Partnership and shall continue until December 31, 2049, unless the Partnership is sooner dissolved in accordance with the provisions of its Agreement of Limited Partnership.

7. In accordance with F.S. § 620.108, the undersigned hereby certify and declare, under the penalties of perjury, that the Limited Partner has made the capital contribution to the Partnership set forth opposite his name below:

Charles Raymond

\$123,750

which is the total amount contributed and anticipated to be contributed by the Limited Partner at this time.

8. Except as specifically provided in the Agreement of Limited Partnership, no Partner shall be entitled to demand or receive the return of his, her or its original capital contribution.

[signatures on following page]

99 JUN 18 PM 3:26
CLERK OF SUPERIOR COURT
STATE OF FLORIDA

IN WITNESS WHEREOF, the undersigned have executed this Certificate of Limited Partnership and Affidavit Declaring Amount of Capital Contributions this 13 day of JUNE, 1999.

SECRETARY OF STATE
DIVISION OF CORPORATIONS
JUN 18 PM 3:26

GENERAL PARTNER

RAYMOND HOLDINGS, INC.,
a Florida corporation

By 
Charles Raymond, its President

LIMITED PARTNER


Charles Raymond

I HEREBY CERTIFY that I am Charles Raymond and I hereby accept the foregoing designation of Resident Agent.


Charles Raymond

STATE OF Florida)
) SS:
COUNTY OF Broward)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 JUN 18 PM 3:26

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid to take acknowledgments, the foregoing instrument was acknowledged before me by **Charles Raymond** as President of **RAYMOND HOLDINGS, INC.**, who is personally known to me or who has produced _____ as identification.

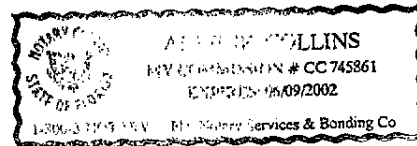
WITNESS my hand and official seal in the County and State last aforesaid this 3 day of June, 1999.

Arlene Collins
Notary Public
State of Florida

Typed, printed or stamped name of Notary Public

My Commission Expires:

STATE OF Florida)
) SS:
COUNTY OF Broward)



I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid to take acknowledgments, the foregoing instrument was acknowledged before me by **CHARLES RAYMOND**, individually, who is personally known to me or who has produced _____ as identification.

WITNESS my hand and official seal in the County and State last aforesaid this 3 day of June, 1999.

Arlene Collins
Notary Public
State of Florida

Typed, printed or stamped name of Notary Public

My Commission Expires:

