

Rafinatti, Ud.	700029971077 -09/27/9901042004 ****148.75 ****148.75
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Requested by: Ologlog Gisq	

CERTIFICATE OF LIMITED PARTNERSHIP OF RAFINATTI, LTD.

The undersigned hereby executes and swears to this Certificate of Limited Partnership the purpose of forming a limited partnership under the laws of the State of Florida.

The name of the limited partnership ("Partnership") is: Rafinatti, Ltd.

The address of the office in Florida at which will be kept the records of the Partnership required to be maintained by Section 620.106 of the Florida Revised Uniform Limited Partnership Act (the "Act") is:

801 Laurel Oak Drive, Suite 710 Naples, FL 34108

The name and address of the agent for service of process required to be maintained by Section 620.105(2) of the Act is:

Mark J. Woodward 801 Laurel Oak Drive, Suite 710 T Naples, Florida 34108

The name and address of the General Partner is as follows:

Name

Rafinatti, Inc.

Address

801 Laurel Oak Drive, Suite 710

Naples, FL 34108

The mailing address for the Partnership is as follows:

801 Laurel Oak Drive, Suite 710 Naples, FL 34108

The latest date upon which the Partnership is to dissolve is September 20, 2049, unless otherwise continued in accordance with the terms of an Amendment to this Certificate of Limited Partnership.

IN WITNESS WHEREOF, I have hereunto subscribed by hand and seal to this Certificate this 2014 day of September, 1999.

GENERAL PARTNER:

Rafinatti, Inc.

Mark J. Woodward, President

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned, personally appeared Rafinatti, Inc., constituting the general partner of Rafinatti, Ltd., a Florida limited partnership, hereinafter referred to as the "Partnership", who, upon being sworn, certifies as follows:

- The amount of capital contributions of the limited partner is \$900.00. 1.
- The total amount contributed and anticipated to be contributed by the limited partner at this time totals \$900.00.

This 20th day of September, 1999.

FURTHER AFFIANT SAYETH NOT.

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.

GENERAL PARTNER

RAFINATTI, INC.

BY:

Name:

Mark J. Woodward

Title: President

STATE OF FLORIDA COUNTY OF COLLIER

The foregoing instrument was acknowledged before me this 20th day of September, 1999, by Mark J. Woodward, as President of Rafinatti, Inc., a Florida corporation, the general partner of Rafinatti, Ltd., a Florida limited partnership, on behalf of the corporation.

Personally Known OR _____Produced Identification

Type of Identification Provided:

Printed Name:

My Commission Expires

Commission No.

Stephne Lynette Watts COMMISSION # CC638726 EXPIRES April 22, 2001

BONDED THRU TROY FAIN INSURANCE, INC.

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CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 620.105, Florida Statutes, the undersigned limited partnership, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the limited partnership is:

Rafinatti, Ltd.

2. The name and address of the registered agent and office is:

Mark J. Woodward 801 Laurel Oak Drive, Suite 640 Naples, Florida 34108

Rafinatti, Inc.

Name:

_Mark J. Woodward

Title:

Bv.

President

Date:

September 20, 1999

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED LIMITED PARTNERSHIP AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

Mark J. Woodward, Registered Agent

Date: September 20, 1999

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