



301000000167

ACCOUNT NO. : 072100000032

REFERENCE : 142627 88155A

AUTHORIZATION :

COST LIMIT : \$ 1846.25

FILED
01 MAY 10 PM 2:46
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

ORDER DATE : May 8, 2001

ORDER TIME : 11:40 AM

ORDER NO. : 142627-005

CUSTOMER NO: 88155A

600004163166--B

CUSTOMER: Lawrence H. Katz, Esq
Lawrence H. Katz, Esq
Suite 120
341 North Maitland Avenue
Maitland, FL 32751

5

FOREIGN FILINGS

NAME: LAMONDA MANAGEMENT FAMILY
LIMITED PARTNERSHIP

XXXX QUALIFICATION (TYPE: LP)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

RECEIVED
01 MAY -8 PM 12:26
DIVISION OF CORPORATION

CONTACT PERSON: Darlene Ward --- EXT# 1135

EXAMINER: _____

5K 5/10



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

RESUBMIT

Please give original
submission date as file date

May 8, 2001

DARLENE WARD
CSC
TALLAHASSEE, FL

SUBJECT: LAMONDA MANAGEMENT FAMILY LIMITED PARTNERSHIP
Ref. Number: W01000010441

01 MAY 10 10 2:46
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for LAMONDA MANAGEMENT FAMILY LIMITED PARTNERSHIP and the authorization to debit your account in the amount of \$1846.25. However, the document has not been filed and is being returned for the following:

The language used on your AFFIDAVIT is the language that would be used on a FLORIDA LIMITED PARTNERSHIP AFFIDAVIT. Please copy or complete our attached FOREIGN LIMITED PARTNERSHIP AFFIDAVIT, and please indicate the amounts required.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

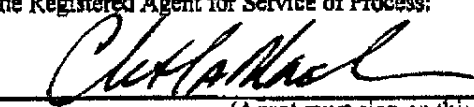
If you have any questions concerning the filing of your document, please call (850) 487-6914.

Buck Kohr
Corporate Specialist

Letter Number: 801A00027661

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2001 MAY 10 10 2:46
TO ACKNOWLEDGE
SUFFICIENCY

**APPLICATION BY FOREIGN LIMITED PARTNERSHIP FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

1. LaMonda Management Family Limited Partnership
(Name of limited partnership as it is in the home state)
2. _____
(If name is unavailable, name under which the limited partnership proposes to register or transact business in Florida; must contain the word "LIMITED" or "LTD.")
3. Nevada 4. December 11, 1997
(State of Formation) (Date of Formation)
5. C. Keith LaMonda
(Name of Registered Agent for Service of Process)
6. Suite 222, 105 East Robinson Street
(Street Address of Registered Office)
- Orlando Florida 32801
(City) (Zip Code)
7. Acceptance by the Registered Agent for Service of Process:

(Agent must sign on this line)
C. Keith LaMonda
8. 5300 West Sahara Avenue, Suite 101
Las Vegas, Nevada 89102
(Address of registered office required in state of formation or, if not required, address of principal office.)
- | 9. NAMES OF GENERAL PARTNERS | STREET ADDRESS |
|--|--------------------------------|
| <u>Diverse World Enterprises, Inc.</u> | <u>5300 West Sahara Avenue</u> |
| <u>F01000002447</u> | <u>Suite 101</u> |
| | <u>Las Vegas, Nevada 89102</u> |
10. 5300 West Sahara Avenue, Suite 101, Las Vegas, Nevada 89102
(Office where Names, Addresses and Contributions of Limited Partners are kept.)
11. The limited partnership will undertake to keep the records listing the addresses and capital contributions of the limited partner or limited partners until the limited partnership's registration in Florida is canceled or withdrawn.

CONTINUED

FILED
01 MAY 10 2 46 PM
TALLAHASSEE
SECRETARY OF STATE
FLORIDA

12. Suite 222, 105 East Robinson Street, Orlando, Florida 32801

(Mailing Address of Limited Partnership)

Under penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 9th day of May x19 2001

Diverse World Enterprises, Inc. a Nevada Corporation

By: C. Keith LaMonda
General Partner
C. Keith LaMonda, as President

STATE OF FLORIDA

COUNTY OF ORANGE

On this 9th day of May x19 2001

C. Keith LaMonda as President of Diverse
World Enterprises, Inc. personally appeared before me,

☐ who is personally known to me

☒ whose identity I proved on the basis of Florida Drivers License

Rosalyn Bill
(Notary) Public Signature)

Rosalyn Bill
(Notary's Printed Name)

Seal

My Commission Expires: _____

NOTARY PUBLIC
STATE OF FLORIDA
Rosalyn Bill
Commission # CC 754828
Expires August 10, 2002
BONDED THRU
ATLANTIC BONDING CO., INC.

FILED
MAY 10 PM 2:46
TAMPAH, FLORIDA
SECRETARY OF STATE

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

C. Keith LaMonda as President of Diverse

BEFORE ME the undersigned personally appeared World Enterprises, Inc., a Nevada Corporation
a general partner of LaMonda Management Family
Limited Partnership, a (An) Nevada

limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is \$ 1,000.00.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 5,000,000.00

Under the penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 9th day of May, 192001.

C. Keith LaMonda
C. Keith LaMonda General Partner as President

FILED
MAY 10 PM 2:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF FLORIDA

COUNTY OF ORANGE

On this 9th day of May, 192001,

C. Keith LaMonda as President of Diverse World
Enterprises, Inc., a Nevada Corporation, personally appeared before me,

☐ who is personally known to me

☒ whose identity I proved on the basis of Florida Drivers License

Rosalyn Bill
(Notary Public Signature)

Rosalyn Bill
(Notary's Printed Name)

Rosalyn Bill
Commission # CC 754828
Expires August 10, 2002
BONDED THRU
ANTIC BONDING CO., INC.

Seal

My Commission Expires: _____