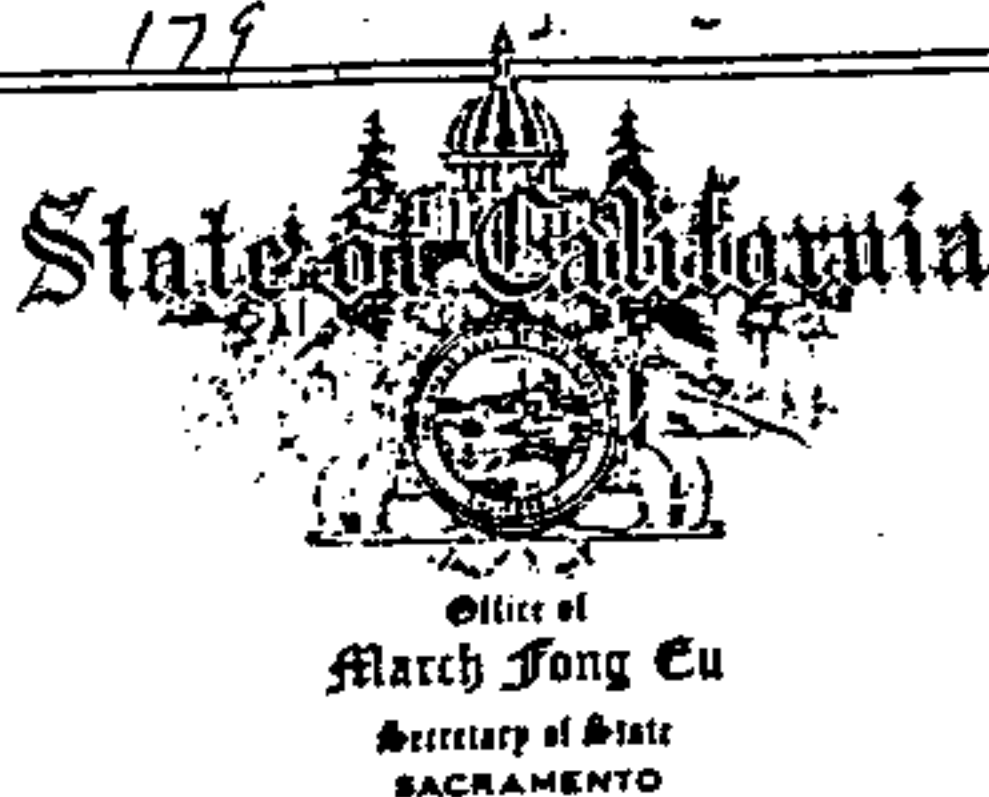


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ARAWAKAN, LTD.



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I, MARCH FONG EU, Secretary of State of the State of California, hereby certify:

That the annexed transcript of 1 page(s) was prepared by and in this office from the record on file, of which it purports to be a copy, and that it is full, true and correct.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this

MAY 28 1985

March Fong Eu

Secretary of State



SA-32146



BOOK 070 PAGE 242

STATE OF CALIFORNIA  
CERTIFICATE OF LIMITED PARTNERSHIP—FORM LP-1  
IMPORTANT—Read instructions on back before completing this form

This Certificate is presented for filing pursuant to Chapter 3, Article 2, Section 15621, California Corporations Code.

NAME OF LIMITED PARTNERSHIP <u>Arawakan Limited, a California limited partnership</u>		
2. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE <u>Trusdale Road &amp; San Juan River, P.O. BOX 357</u>	3. CITY AND STATE <u>Shandon, CA</u>	4. ZIP CODE <u>93461</u>
5. STREET ADDRESS OF CALIFORNIA OFFICE IF EXECUTIVE OFFICE IN ANOTHER STATE	6. CITY <u>CALIF.</u>	7. ZIP CODE

3. COMPLETE IF LIMITED PARTNERSHIP WAS FORMED PRIOR TO JULY 1, 1984 AND IS IN EXISTENCE ON DATE THIS CERTIFICATE IS EXECUTED.  
THE ORIGINAL LIMITED PARTNERSHIP CERTIFICATE WAS RECORDED ON \_\_\_\_\_ 19\_\_\_\_ WITH THE  
RECORDER OF \_\_\_\_\_ COUNTY. FILE OR RECORDATION NUMBER \_\_\_\_\_

9. NAMES AND ADDRESSES OF ALL GENERAL PARTNERS: (CONTINUE ON SECOND PAGE, IF NECESSARY)  
NAME: Charles Victor Bergquist  
ADDRESS: Trusdale Road & San Juan River, P.O. Box 357  
CITY: Shandon STATE California ZIP CODE 93461

9A.  
NAME:  
ADDRESS:  
CITY: STATE ZIP CODE

9B.  
NAME:  
ADDRESS:  
CITY: STATE ZIP CODE

10. NAME AND ADDRESS OF AGENT FOR SERVICE OF PROCESS  
NAME: Sheldon M. Sisson  
ADDRESS: 11300 Weddington Street  
CITY: North Hollywood STATE California ZIP CODE 91601

11. TERM FOR WHICH THIS PARTNERSHIP IS TO EXIST  
December 31 in the year 2030

12. FOR THE PURPOSE OF FILING AMENDMENTS, DISSOLUTION AND CANCELLATION CERTIFICATES PERTAINING TO THIS CERTIFICATE, THE  
ACKNOWLEDGMENT OF ☒ GENERAL PARTNER IS REQUIRED.

13. ANY OTHER MATTERS THE GENERAL PARTNERS DESIRE TO INCLUDE IN THIS CERTIFICATE MAY BE NOTED ON SEPARATE PAGES AND BY  
REFERENCE HEREIN IS A PART OF THIS CERTIFICATE. NUMBER OF PAGES ATTACHED ☐

14. IT IS HEREBY DECLARED THAT I AM (WE ARE) THE PERSON(S) WHO EXECUTED THIS CERTIFICATE OF LIMITED PARTNERSHIP, WHICH EX-  
ECUTION IS MY (OUR) ACT AND DEED (SEE INSTRUCTIONS)

SIGNATURE OF GENERAL PARTNER <u>Charles Victor Bergquist</u>	DATE <u>May 12 1985</u>	SIGNATURE OF GENERAL PARTNER	DATE
SIGNATURE OF GENERAL PARTNER	DATE	SIGNATURE OF GENERAL PARTNER	DATE
SIGNATURE OF OTHER THAN GENERAL PARTNER	DATE	TITLE OR DESIGNATION	DATE

16. RETURN ACKNOWLEDGMENT TO:  
NAME ☒ Sheldon M. Sisson - Arawakan  
ADDRESS ☒ 11300 Weddington Street  
CITY ☒ North Hollywood,  
STATE ☒ California  
ZIP CODE ☒ 91601

FORM LP-1—FILING FEE \$70  
Approved by the Secretary of State

15. THIS SPACE FOR FILING OFFICER  
USE (FILE NUMBER, DATE OF FILING)

8514400105

FILED

In the office of the Secretary of State  
of the State of California

MAY 24 1985

March Fong Eu  
MARCH FONG EU, Secretary of State

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