



THE UNITED STATES CORPORATION COMPANY

B97000000680

ACCOUNT NO. : 072100000032

REFERENCE : 635360 4717887

AUTHORIZATION : Patricia Pzyts

COST LIMIT : \$ 1750.

ORDER DATE : December 15, 1997

901.25

ORDER TIME : 3:19 PM

200002372552--4

ORDER NO. : 635360-005

CUSTOMER NO: 4717887

CUSTOMER: Mr. John Cussen  
Faggert & Frieden, P.c.  
1435 Crossways Boulevard  
Suite #200  
Chesapeake, VA 23320-2840

FOREIGN FILINGS

NAME: GOLDEN WEST LIMITED PARTNERSHIP

\*\*\*\*\*FILE SECOND\*\*\*\*\*

XXXX QUALIFICATION (TYPE: LP)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XXXX PLAIN STAMPED COPY
- XXXX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Stacy L Earnest

SK  
12/14/97

RECEIVED  
97 DEC 15 PM 4:24  
DIVISION OF CORPORATION

FILED  
97 DEC 16 PM 4:46  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Florida Department of State, Sandra B. Mortham, Secretary of State

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

1. Golden West 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. Virginia (State of Formation) 4. 10/7/96 (Date of Formation)
5. Corporation Service Company  
(Name of Registered Agent for Service of Process)
6. 1201 Hays Street  
(Street Address of Registered Office)
- Tallahassee, Florida 32301  
(City) (Zip Code)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

7. Acceptance by the Registered Agent for Service of Process.

*Sara Sheller*  
(Agent must sign on this line)

8. 448 Viking Drive, Suite 220, Virginia Beach, Virginia 23452  
(Address of registered office required in state of formation or, if not required, address of principal office.)

9. NAMES OF GENERAL PARTNERS

STREET ADDRESS

Golden West, Inc. 448 Viking Drive, Suite 220  
Virginia Beach, Virginia 23452

*EQ70W006651*

10. 448 Viking Drive, Suite 220, Virginia Beach, Virginia 23452  
(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of the limited partner or limited partners until the limited partnership's registration in Florida is cancelled or withdrawn.

12. 448 Viking Drive, Suite 220

Virginia Beach, Virginia 23452

(Mailing Address of Limited Partnership)

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TALLAHASSEE FLORIDA

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.

This day of 11, December, 19 97

*Nathan Benson*  
General Partner NATHAN BENSON

STATE OF Virginia

CITY

COUNTY OF Virginia Beach

On this 11 day of December, 19 97, Nathan D. Benson

personally appeared before me,  who is personally known to me  
 whose identity I proved on the basis of \_\_\_\_\_

*Racquel L. Morain*

(Notary Public Signature)

Racquel L. Morain

(Notary's Printed Name)

Seal

My Commission Expires: 9-30-00

**AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR FOREIGN LIMITED PARTNERSHIP**

97 DEC 13  
FILED  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA  
PM 4:46

BEFORE ME the undersigned personally appeared Nathan D. Benson  
Golden West  
a general partner of Limited Partnership, a (an) Virginia limited partnership  
hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is \$ 122,500.00 .
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 122,500.00 .

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.

This 11th day of December, 19 97 .

Golden West Inc by [Signature] or  
General Partner NATHAN BENSON

STATE OF Virginia  
CITY  
COUNTY OF Virginia Beach

On this 11 day of December, 19 97, Nathan D. Benson

personally appeared before me,  who is personally known to me  
 whose identity I proved on the basis of \_\_\_\_\_

[Signature]

(Notary Public Signature)

Rachel L. Moravia

(Notary's Printed Name)

Seal

My Commission Expires: 9.30.00