

B98000000434

FILED STATES
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATION
98 JUL - 1 AM 11:34

VOLUNTARY & ALIEN
Requestor Name
315 SOUTH CHRON STREET

Address
Tallahassee, Florida 32301

City/State/Zip

Phone #
224-7000

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Shant Lodge LP
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

RECEIVED
98 JUL - 1 AM 10:32
DIVISION OF CORPORATION

☐ Walk-in

☒ Pick up time 4:00

☒ Certified Copy

☐ Mail-out

☐ Will wait

☐ Photocopy

☒ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

WJL
- 07/1/98

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-07/01/98--01038--001
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OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input checked="" type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

FROM

(THU) 06. 25' 98 09:54/ST. 09:53/NO. 3560458690 P 2

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

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

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DIVISION OF CORPORATIONS
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1. Stuart Lodge, L.P.
(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. Georgia 4. 5/11/98
(State of Formation) (Date of Formation)

5. C T Corporation System
(Name of Registered Agent for Service of Process)

6. 1200 South Pine Island Road
(Street Address of Registered Office)
- Plantation, Florida 33324
(City) (Zip Code)

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



(Agent must sign on this line) ALLAN FARRELL ASSISTANT SECRETARY

8. _____
- 6640 Powers Ferry Road, Suite 200, Atlanta, Georgia 30339
(Address of registered office required in state of formation or, if not required, address of principal office.)

9. NAMES OF GENERAL PARTNERS

STREET ADDRESS

Omnicorp. Resources, Inc.

6640 Powers Ferry Road, Suite 200
Atlanta, Georgia 30339

10. 6640 Powers Ferry Road, Suite 200, Atlanta, Georgia 30339
(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

12. 6640 Powers Ferry Road, Suite 200

Atlanta, Georgia 30339

(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.

This 26 day of June, 19 98
Omnicorp Resources, Inc., a Georgia corporation

as General Partner of Stuart Lodge, L.P.

By: Albert L. Scott, Vice President

STATE OF Georgia

COUNTY OF Fulton

On this 26 day of June, 19 98.

Albert L. Scott

personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

Flora D. Perkins
(Notary Public Signature)



Seal

My Commission Expires: _____

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AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared Albert L. Scott, as Vice President of Omnicorp
the general partner of Stuart Lodge, L.P., a (an) Georgia
limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is \$ 950,000.00.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 950,000.00.

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.

This 26 day of June, 19 98.

Omnicorp Resources, Inc., a Georgia corporation

as General Partner of Stuart Lodge, L.P.

STATE OF Georgia
COUNTY OF Fulton

By: [Signature]
Albert L. Scott, Vice President

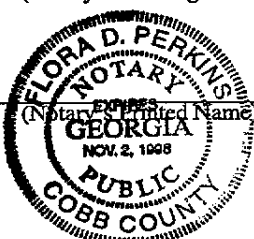
On this 26 day of June, 19 98,

Albert L. Scott, personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

[Signature]
(Notary Public Signature)



Seal

My Commission Expires: