

Document Number Only

B96000000055

C T CORPORATION SYSTEM

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, Florida 32301

City

State

Zip

Phone

904-222-1092

CORPORATION(S) NAME

V. TAX

FILING

R. AGENT FEE

C. COPY

TOTAL

N. BAKA

BALANCE DUE

DEFERRED

2/12/96

SOS Partners Limited Partnership

☐ Profit

☐ NonProfit

☐ Limited Liability Company

☒ Foreign

☒ Limited Partnership

☐ Reinstatement

☐ Certified Copy

☐ Call When Ready

☒ Walk In

☐ Mail Out

☐ Amendment

☐ Dissolution/Withdrawal

☐ Annual Report

☐ Reservation

☐ Photo Copies

☐ Call if Problem

☐ Will Wait

☐ Merger

☐ Mark

☐ Other

☐ Change of R.A.

☐ Fictitious Name

☐ CUS/ G/S

☐ After 4:30

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Availability
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Updater
Verifier
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2/12/96

R9500005783

by

CT

file 200

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 12 PM 2:59

96 FEB 12 PM 1:03
DIVISION OF CORPORATIONS

Florida Department of State, Jim Smith, Secretary of State

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

96 FEB 12 PM 2:59
SECRETARY OF STATE
DIVISION OF CORPORATIONS

1. SOS Partners 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. Delaware

(State of Formation)

4. _____

02/08/96

(Date of Formation)

5. _____

CT CORPORATION SYSTEM

(Name of Registered Agent for Service of Process)

6. _____

c/o C T Corporation System, 1200 South Pine Island Road

(Street Address of Registered Office)

Plantation

(City)

Florida

33324

(Zip Code)

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

CT CORPORATION SYSTEM

Margaret Butler
(Officer, must sign on this line)

ASSISTANT SECRETARY

(Type Name and Title of Officer)

8. c/o CIBC, 425 Lexington Avenue, New York, New York 10017

(Address of Registered Office required in State of Formation or, if not required, Address of Principal Office.) Attention: Mary Kate Miller

9. NAME OF GENERAL PARTNERS

SOS Properties Management
Company, Inc.

SPECIFIC ADDRESS

c/o CIBC
425 Lexington Avenue
New York, New York 10017

F9400V000704

10. c/o CIBC, 425 Lexington Avenue, New York, New York 10017, Attn: Mary Kate Miller
(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. c/o CIBC, 425 Lexington Avenue, New York, New York 10017, Attn: Mary Kate Miller
(Mailing Address of Limited Partnership)

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
95 FEB 12 PM 2:59

This 08 day of February, 19 96
SOS Properties Management Company, Inc., General Partner
By: [Signature]
General Partner Name:
Title:

STATE OF NEW YORK)
SS:
COUNTY OF NEW YORK)

The foregoing instrument was acknowledged and
sworn to before me this 08 day of February, 1996, by
ROBERT N. GREER the President of SOS
Properties Management Company, Inc., the general partner of SOS Partners
Limited Partnership, a Delaware limited partnership, on behalf of the
limited partnership.

[Signature]
Notary Public

ANDREA S. CAMERON
Notary Public, State of New York
No. 31-4983009
Qualified in New York County
Commission Expires June 17, 1997

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 FEB 12 PM 2:58

BEFORE ME, the undersigned, personally appeared SOS Properties Management Company, Inc.
general partner of SOS Partners Limited Partnership, a (an)
Delaware, limited partnership, hereinafter referred to as the "Partnership", who
certifies as follows:

1. The amount of capital contributions of the limited partners is \$ 990.00.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 100.00.

This 08 day of February, 1996

FURTHER AFFIANT SAYETH NOT.

Under penalties of perjury I declare that I have read the foregoing and that the facts are true, to the best of my knowledge and belief.

General Partner
SOS Properties Management Company, Inc.
By: [Signature]
Name: ROBERT N. GREER
Title: President

STATE OF NEW YORK)
 :
COUNTY OF NEW YORK)

BEFORE ME, the undersigned officer, a notary public authorized to administer oaths and to take acknowledgements in and for the State and County set forth above, personally appeared ROBERT N. GREER the President of SOS Properties Management Company, Inc., known to me and known by me to be the person who executed the foregoing Affidavit of Capital Contributions, and he acknowledged to me and before me that he executed this Affidavit as the President of SOS Properties Management Company, Inc., the General Partner of said partnership.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal in the State and County aforesaid, this 08 day of February, 1996.

[Signature]
Notary Public

ANDREA S. CAMERON
Notary Public, State of New York
No. 31-4983009
Qualified in New York County
Commission Expires June 17, 1997

B96000000055

SOS Partners Limited Partnership

Requestor's Name
% C. 182

425 Lexington Avenue
Address

New York, NY 10017
City/State/Zip Phone #

300002050039--4
-01/08/97--01028--013
*****52.50 *****52.50

Office Use Only

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

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

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 DEC 23 PM 12:52

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 checked="" type="checkbox"/>	Amendment <i>Supplemental affidavit</i>
<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

\$1,000.00

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

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

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N. BANK _____
BALANCE DUE _____
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B96000000055

Examiner's Initials *dec*



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

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

The undersigned general partners of SOS PARTNERS LIMITED,
PARTNERSHIP a(an) DELAWARE

Limited Partnership, executed this supplemental affidavit filed pursuant to section 620.176,
Florida Statutes.

The total amount of the capital contributions of the limited partners that is allocated for the
purpose of transacting business in Florida is: \$ 1,000.00.

This 20th day of DECEMBER, 19 96.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 DEC 23 PM 12:52

FURTHER AFFIANT SAYETH NOT.

*Under penalties of perjury I declare that I have read the foregoing and that the facts are true, to
the best of my knowledge and belief.*

General Partner(s)

[Signature]
JOHN F. ENRIGHT JR. - SECRETARY
SOS PROPERTIES MANAGEMENT CO. - G.P.

FEES:

\$7 per \$1,000 based on the additional contributions
(Minimum \$52.50 - Maximum \$1,750.00)