

Document Number Only

13960000000266

FL CORPORATION SYSTEM

660 EAST JEFFERSON STREET

Requestor's Name
TALLAHASSEE, FL 32301

Address
222-1092

City State Zip Phone

CORPORATION(S) NAME

96 JUL 12 PM 1:05

St. Johns Investments, L.P.

St. Johns Investments, L.P., Ltd.

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*****87.50 *****87.50

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|---|---|---|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | | |
| <input type="checkbox"/> Limited Liability Co. | | |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| <input checked="" type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Reservation | <input type="checkbox"/> Change of R.A. |
| | | <input type="checkbox"/> Fictitious Name Filing |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> CUS |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call if Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

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W.P. Verifier

7/12/96

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BALANCE DUE
OFFICE

Florida Department of State, Jim Smith, Secretary of State

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

RECEIVED
JUL 12 1996
PH 1:05 PM
STATE DEPT.

1. St. Johns Investments, L.P.
(Name of limited partnership as it is in the home state;)
2. St. Johns Investments, L.P., Ltd.
(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. June 26, 1996
(State of Formation) (Date of Formation)
5. C T 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, Florida 33324
(City) (Zip Code)
7. Acceptance by the Registered Agent for Service of Process.
A. P. Farnell
(Officer must sign on this line)
Allan P. Farnell, Assistant Secretary
(Type Name and Title of Officer)
8. c/o Evelyn Coats, 1100 Peachtree St., Ste. 2800, Atlanta, Ga. 30309-4530
(Address of Registered Office required in State of Formation or, if not required, Address of Principal Office.)
9. NAME OF GENERAL PARTNERS SPECIFIC ADDRESS
Retail Planning Corporation 161 Village Parkway
836366 Building 7 - Suite 1
 Marietta, Georgia 30067
10. 161 Village Parkway, Building 7, Suite 1, Marietta, Georgia 30067
(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. 161 Village Parkway, Building 7, Suite 1, Marietta, Georgia 30067
(Mailing Address of Limited Partnership)

SECRET
DIVISION OF INVESTIGATION
JUL 12 1996
FBI

This 24th day of June, 1996.
Retail Planning Corporation, a Georgia corporation
By: [Signature]
General Partner

STATE OF GEORGIA
COUNTY OF COB

THE FOREGOING instrument was acknowledged and sworn to before me this 24th day of June, 1996, by G. Owen Brown, President of Retail Planning Corporation, a Georgia corporation (Name of General Partner) of St. Johns Investments, L.P. (Name of Limited Partnership), A Georgia (State or Country) Limited Partnership, on behalf of the Limited Partnership.

[Signature]
Notary Public
State of Georgia at Large

(SEAL)

My Commission Expires:
Notary Public, Cobb County, Georgia
My Commission Expires May 20, 1997

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned, personally appeared G. Owen Brown, President of Retail Planning Corporation, 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 \$ -0-
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ -0-

This 24 day of June, 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

RETAIL PLANNING CORPORATION, a Georgia corporation

By: G. Owen Brown
Title: President

(CORPORATE SEAL)

STATE OF GEORGIA
COUNTY OF COB
DATE 6-24-96

BEFORE ME, the undersigned officer, a Notary Public authorized to administer oaths and to take acknowledgments in and for the State and County set forth above, personally appeared G. Owen Brown, President of Retail Planning Corporation (General Partner, 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 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 24th day of June, 1996.

Supreme H. Duff
Notary Public

Seal

State of Georgia at Large

My Commission Expires:

Notary Public, Cobb County, Georgia

My Commission Expires May 20, 1997

396000000266

FROM: NANCY ISENBERG
RETAIL PLANNING CORPORATION
161 VILLAGE PKWY, BLDG 7
MARIETTA, GA. 30067

RE: CANCEL REGISTRATION – ST. JOHNS INVESTMENT LP

PLEASE SEND ACKNOWLEDGEMENT TO ME, AS ADDRESSED ABOVE. THE GENERAL PARTNER WHO SIGNED THE FORM IS G. OWEN BROWN. HE IS ALSO LOCATED AT THIS ADDRESS.

THANK YOU.

THANK YOU.

Nancy Isenberg

NANCY ISENBERG
CONTROLLER, RETAIL PLANNING CORP.

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SECRET STATE
TALLAHASSEE, FLORIDA

97 MAR -3 AM 9:20

FILED

[illegible]

**CERTIFICATE OF CANCELLATION
FOR**

ST. JOHN INVESTMENTS LP LTD

(insert name currently on file with Florida Dept. of State)

Pursuant to the provisions of section 620.174, Florida Statutes, this foreign limited partnership hereby submits this certificate of cancellation in order to cancel its registration with the Florida Department of State.

STATE OF Georgia

COUNTY OF Fulton

On this 27th day of February, 1997,
personally appeared before me,

- ☒ who is personally known to me
☐ whose identity I proved on the basis of

[Signature]

Kim M. Cruce

Notary Public Signature

Kim M. Cruce

Notary's Printed Name

Seal

My Commission Expires

Notary Public, Fulton County, Georgia
My Commission Expires April 18, 2000

FILED
97 MAR -3 AM 9:20
FULTON COUNTY, FLORIDA