

1305000000164

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

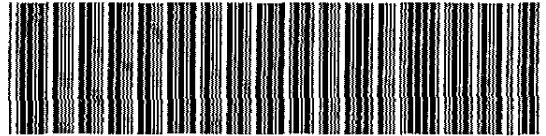
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05 APR 12 AM 11:17  
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05 APR 12 PM 3:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
RECEIVED  
04/12/05  
TALLAHASSEE, FLORIDA

# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

1001 North Calvert Assoc Ltd.

Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

- ☐ Art of Inc. File
- ☒ LTD Partnership File *Foreign*
- ☐ Foreign Corp. File
- ☐ L.C. File
- ☐ Fictitious Name File
- ☐ Trade/Service Mark
- ☐ Merger File
- ☐ Art. of Amend. File
- ☐ RA Resignation
- ☐ Dissolution / Withdrawal
- ☐ Annual Report / Reinstatement
- ☐ Cert. Copy
- ☒ Photo Copy
- ☒ Certificate of Good Standing
- ☐ Certificate of Status
- ☐ Certificate of Fictitious Name
- ☐ Corp Record Search
- ☐ Officer Search
- ☐ Fictitious Search
- ☐ Fictitious Owner Search
- ☐ Vehicle Search
- ☐ Driving Record
- ☐ UCC 1 or 3 File
- ☐ UCC 11 Search
- ☐ UCC 11 Retrieval

Courier

FILED  
05 APR 12 PM 3:19  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

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

1. 1001 NORTH CALVERT ASSOC., 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. MARYLAND 4. October 21, 1985  
(State of Formation) (Date of Formation)

5. CAPITAL CONNECTION, INC.  
(Name of Registered Agent for Service of Process)

6. 417 East Virginia Street, Suite 1.  
(Street Address of Registered Office)

Tallahassee Florida 32301  
(City) (Zip Code)

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

Weimar Lopez for Capital Connection, Inc.  
(Agent must sign on this line)

8. SAME AS #10  
(Address of registered office required in state of formation or, if not required, address of principal office.)

9. NAMES OF GENERAL PARTNERS

STREET ADDRESS

Carol G. Chodak 1 Foxfield Court Reisterstown, Maryland 21136

Barry N. Chodak 1 Foxfield Court Reisterstown, Maryland 21136

10. 1 Foxfield Court, Reisterstown, Maryland 21136  
(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

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TALLAHASSEE, FLORIDA

12. 1 Foxfield Court

Reisterstown, Maryland 21136

(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.

Signed this 8<sup>th</sup> day of April, 2005.



General Partner - Barry N. Chodak

STATE OF MARYLAND


COUNTY OF Baltimore

On this 8<sup>th</sup> day of April, 2005

Barry N. Chodak, personally appeared before me,

☐ who is personally known to me

☒ whose identity I proved on the basis of MDLIC C320 081626 689  
to 9/18/03 x 9/4/08

  
(Notary Public Signature)

Lisa A Wight  
(Notary's Printed Name)

Seal

My Commission Expires: LISA A. WIGHT  
NOTARY PUBLIC STATE OF MARYLAND  
My Commission Expires September 1, 2008

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

BEFORE ME the undersigned personally appeared Barry N. Chodak  
a general partner of 1001 North Calvert Assoc., Limited, a (an) Maryland  
Partnership  
limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is \$ 9,800.00.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 0.00.

*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.*

Signed this 8th day of April, 2005.

*Barry N. Chodak*

General Partner - Barry N. Chodak

STATE OF MARYLAND

COUNTY OF Baltimore

On this 8th day of April, 2005,

Barry N. Chodak, personally appeared before me,

☐ who is personally known to me

☒ whose identity I proved on the basis of MDLL C320 081 626 689

is 9/18/03 x 9/4/08

*Lisa A. Wight*  
(Notary Public Signature)

Lisa A Wight  
(Notary's Printed Name)

— LISA A. WIGHT  
NOTARY PUBLIC STATE OF MARYLAND  
My Commission Expires September 1, 2008

Seal

My Commission Expires: