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WILLIAM CALVIN WELLS (1844-1914)
MAJOR W. CALVIN WELLS (1878-1957)
WILLIAM CALVIN WELLS, JR. (1908-1988)

Office of Secretary of State
Corporations Division
PO Box 6327
Tallahassee, FL 32314

January 10, 2000

JAMES S. ARMSTRONG
AMANDA A. BARTON
STEVEN H. BEGLEY
WENDELL H. COOK, JR.
RANDY L. DEAN
DAN H. FAIRLY
LANA E. GILLON
WILLIAM H. GLOVER, JR.
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KENNA L. MANSFIELD, JR.
ROLAND D. MARBLE
R. DAVID MARCHETTI
JONATHAN T. MCCANTS
KELLY D. SIMPKINS
ERSKINE W. WELLS
WALTER D. WILLSON
R. JAMES YOUNG

Re: *Shalimar Marina, L. P. - Application For Certificate of Authority - Qualification
to do Business in Florida*

Dear Sir/Madam:

Please find enclosed an application to do business in Florida. Please record the application and return it to me. Also enclosed is our firm check in the amount of \$1,846.25 to cover the filing fee cost.

Please file and return the Certificate of Authority to this office.

If you have any questions, please call my office. Thank you for your assistance.

Sincerely yours,

WELLS MARBLE & HURST, PLLC

R. James Young

RJY/cw
Enclosures
cc: Robert P. Maxon, Jr.

FILED
900 JAN 14 PM 9:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1. Shalimar Marina, L.P.
(Name of limited partnership as it is in the home state)
2. Shalimar Marina, 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. Mississippi 4. 12-20-99
(State of Formation) (Date of Formation)
5. Robert P. Maxon, Jr.
(Name of Registered Agent for Service of Process)

6. 100 Old Ferry Road
(Street Address of Registered Office)
- Shalimar Florida 32579
(City) (Zip Code)

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


(Agent must sign on this line)

8. 317 E. Capitol Street, Suite 600
Jackson, MS 39201
(Address of registered office required in state of formation or, if not required, address of principal office.)

9. NAMES OF GENERAL PARTNERS

STREET ADDRESS

Shalimar Marina, Inc.

100 Old Ferry Road, Shalimar, FL
32579

10. 317 E. Capitol Street, Suite 600, Jackson, MS 39201
(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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00 JAN 14 PM 9:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

906-94737

12. 100 Old Ferry Road

Shalimar, FL 32579

(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 16 day of December, 1999

Shalimar Marina, Inc., by: [Signature]
General Partner Its President

STATE OF Florida

COUNTY OF Okaloosa

On this 16 day of December, 1999

Robert P. Maxon, Jr. personally appeared before me

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Susan Kerlagon
(Notary Public Signature)

Susan Kerlagon
(Notary's Printed Name)

Seal

My Commission Expires: 6/28/03



AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared Robert P. Maxon, Jr. President of Shalimar
a general partner of Shalimar Marina, L.P. a(an) Mississippi Marina, Inc.
limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is \$ 250,000.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 250,000.

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 16 day of December, 19 99.

Shalimar Marina, Inc.

By: [Signature]
General Partner

STATE OF Florida

COUNTY OF Okaloosa

On this 16th day of December, 19 99

Robert P. Maxon, Jr., personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

Susan Kerlagon
(Notary Public Signature)

Susan Kerlagon
(Notary's Printed Name)

Seal

My Commission Expires: 6/28/03



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