



THE UNITED STATES  
CORPORATION  
COMPANY

Boooooooo 64

ACCOUNT NO. : 072100000032

REFERENCE : 615032 4329479

AUTHORIZATION :

COST LIMIT : ~~XXXXXXXXXX~~

ORDER DATE : March 7, 2000

ORDER TIME : 10:42 AM

ORDER NO. : 615032-010

CUSTOMER NO: 4329479

CUSTOMER: Barbara A. Egolf, Esq  
Baker & Hostetler  
200 South Orange Avenue  
Suntrust Center Suite 2300  
Orlando, FL 32802-0112

700003162517--4

-03/08/00-01069-010

\*\*\*1837.50 \*\*\*1837.50

FOREIGN FILINGS

NAME: SUNTRUST CENTRE LIMITED  
PARTNERSHIP

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY  
PLAIN STAMPED COPY  
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: JANNA WILSON

FILED  
00 MAR -8 PM 4:48  
TALLAHASSEE, FLORIDA  
RECEIVED  
00 MAR -8 PM 12:09  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

File 2nd



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

March 8, 2000

CSC  
ATTN: JANNA WILSON

SUBJECT: SUNTRUST CENTRE LIMITED PARTNERSHIP  
Ref. Number: W00000006265

We have received your document for SUNTRUST CENTRE LIMITED PARTNERSHIP and your check(s) totaling \$1837.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete line 8.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6958.

Lee Rivers  
Document Specialist

Letter Number: 800A00012987

FILED

00 MAR -8 PM 4:48

TALLAHASSEE, FLORIDA

RECEIVED

00 MAR -9 PM 3:02

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

RESUBMIT  
Please give original  
submission date as file #19



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

March 9, 2000

CSC  
ATTN: JANNA WILSON

SUBJECT: SUNTRUST CENTRE LIMITED PARTNERSHIP  
Ref. Number: W00000006265

We have received your document for SUNTRUST CENTRE LIMITED PARTNERSHIP and your check(s) totaling \$1837.50. However, the document has not been filed and is being retained in this office for the following:

If you submitted a certificate with this document yesterday, you did not return it today. If you did not originally submit the filing with the certificate, we apologize for failing to note this in our previous letter.

A certificate of existence, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6958.

Lee Rivers  
Document Specialist

Letter Number: 200A00013226

RECEIVED  
TALLAHASSEE, FLORIDA

00 MAR -8 PM 4:48

FILED

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

1. SunTrust Centre 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. Quebec, CANADA 4. MARCH 2 2000  
(State of Formation) (Date of Formation)
5. MORT ELIMELECK  
(Name of Registered Agent for Service of Process)
6. 9750 NW 3rd Street, Suite 209  
(Street Address of Registered Office)
- CORAL SPRING Florida 33065-4081  
(City) (Zip Code)
7. Acceptance by the Registered Agent for Service of Process:  
Mort Elimeleck  
(Agent must sign on this line)
8. 70 Walnut Street, Suite 1010, Wellesley, MA 02410  
(Address of registered office required in state of formation or, if not required, address of principal office)
9. NAMES OF GENERAL PARTNERS STREET ADDRESS  
CAREX CAPITAL INC. 70 WALNUT ST. Wellesley MA 02481  
F-1267
10. 695 Rene Levesque Blvd W. Suite 1700, MONTREAL Quebec CANADA H3B 1R2  
(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 CAREX CAPITAL INC

625 Rene Levesque Blvd W. Suite 1700 Montreal, Quebec, CANADA H3B 1R2.  
(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 7 day of MARCH 2000  
CAREX CAPITAL INC.  
Gary V. Caplan  
General Partner

STATE OF Massachusetts

COUNTY OF Middlesex

On this 3<sup>rd</sup> day of March, 2000

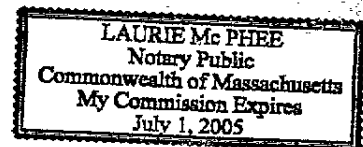
Gary V. Caplan personally appeared before me,

☐ who is personally known to me

☒ whose identity I proved on the basis of Mass. License

Laurie McPhee  
(Notary Public Signature)

LAURIE McPhee  
(Notary's Printed Name)



Seal

My Commission Expires: \_\_\_\_\_

## AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared GARY V. CAPLAN  
a general partner of CAPEX CAPITAL INC, a (an) A  
limited partnership, hereinafter referred to as the "Partnership", who certifies as follows.

1. The amount of capital contributions of the limited partners is \$ 1,147,178.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 1,147,178.

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 3 day of March 2000.

CAPEX CAPITAL INC.  
Gary V. Caplan  
General Partner

STATE OF Massachusetts  
COUNTY OF Middlesex

On this 3<sup>rd</sup> day of March, 2000.

GARY V. Caplan, personally appeared before me,

☐ who is personally known to me

☒ whose identity I proved on the basis of MASS. License

Laurie McPhee  
(Notary Public Signature)

LAURIE McPhee  
(Notary's Printed Name)

My Commission Expires.

LAURIE McPHEE  
Notary Public  
Commonwealth of Massachusetts  
My Commission Expires  
July 1, 2005

FILED  
MAR-8 PM 1:48  
CLERK OF SUPERIOR COURT  
JULIA MASSEY, CLERK