

# B00000000123

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Tallahassee, FL 32301  
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Corporation(s) Name

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
*University Commons Hotel L.P.*  
\_\_\_\_\_

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 APR 18 PM 11:39

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|---|---|------------------------------------|
| <input type="checkbox"/> Profit                         | <input type="checkbox"/> Amendment          | <input type="checkbox"/> Merger    |
| <input type="checkbox"/> Nonprofit                      |   |                                    |
| <input type="checkbox"/> Foreign                        | <input type="checkbox"/> Dissolution        | <input type="checkbox"/> Mark      |
| <input type="checkbox"/> LLC                            |   |                                    |
| <input checked="" type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report      | <input type="checkbox"/> Other     |
| <input checked="" type="checkbox"/> Reinstatement       | <input type="checkbox"/> Reservation        | <input type="checkbox"/> Ch. RA    |
|   | <input type="checkbox"/> Fictitious Name    | <input type="checkbox"/> UCC       |
| <input type="checkbox"/> Certified Copy                 | <input type="checkbox"/> Photocopies        | <input type="checkbox"/> CUS       |
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Melanie Strickland

APR 18 2000  
TALLAHASSEE, FLORIDA  
DIVISION OF CORPORATIONS  
DEPARTMENT OF STATE

Thank You!

00 APR 18 AM 11:12

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*Handwritten initials and date: MK 4/18*

Florida Department of State, Sandra B. Mortham, Secretary of State

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

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1. University Commons Hotel L.P. (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. November 5, 1999 (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 (City), Florida 33324 (Zip Code)

7. Acceptance by the Registered Agent for Service of Process: CT Corporation System AMY BERTELETTI SPECIAL ASSISTANT SECRETARY (Agent must sign on this line)

8. Corporation Trust Center, 1209 Orange Street Wilmington, Delaware 19801 (Address of registered office required in state of formation or, if not required, address of principal office.)

Table with 2 columns: NAMES OF GENERAL PARTNERS and STREET ADDRESS. Includes Alliance Financial Group, Inc. and True North Hotel Group, LLC.

10. c/o Alliance Financial Group, Inc. 154 Duncan Drive, North Andover, MA 01845 (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. c/o Alliance Financial Group, Inc.

154 Duncan Drive, North Andover, MA 01845

(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.

This 11th day of April ~~19~~ 2000.

Alliance Financial Group, Inc.  
General Partner

By: [Signature]  
Scott R. Lodde, President

STATE OF Massachusetts

COUNTY OF Essex Suffolk

On this 11th day of April ~~19~~ 2000

Scott R. Lodde, President of Alliance Financial Group, Inc. personally appeared before me,

who is personally known to me

whose identity I proved on the basis of \_\_\_\_\_

Eran M. Minichiello  
(Notary Public Signature)

Eran m minichiello  
(Notary's Printed Name)

Seal My Commission Expires: 9/13/2001

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**AFFIDAVIT OF CAPITAL CONTRIBUTIONS**

BEFORE ME, the undersigned, personally appeared Alliance Financial Group a general partner of University Commons Hotel L.P.; 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 \$ 2,001,000
- 2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 2,001,000

This 11<sup>th</sup> day of April, ~~19~~ 2000

**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.

Alliance Financial Group, Inc.  
General Partner

By: *Scott R. Lodde*  
Scott R. Lodde, President

STATE OF Massachusetts  
COUNTY OF Essex Suffolk  
DATE April 11, 2000

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 Scott R. Lodde (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 11<sup>th</sup> day of April, ~~19~~ 2000

*Em M Minihella*  
Notary Public

State of MA at Large  
My Commission Expires:  
9/13/2002

Seal