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THE UNITED STATES
CORPORATION
COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 696965 4303929

AUTHORIZATION :

Patricia Piggett

COST LIMIT : \$ 1837.50

ORDER DATE : May 15, 2000

ORDER TIME : 2:34 PM

ORDER NO. : 696965-005

900003253629--5

CUSTOMER NO: 4303929

CUSTOMER: Ms. Stephanie C. Johnson
Greenberg Traurig, P.a.
1221 Brickell Avenue
21st Floor
Miami, FL 33131

FOREIGN FILINGS

NAME: FLORIDA APARTMENT CLUB ST.
AUGUSTINE LIMITED PARTNERSHIP

XXXX QUALIFICATION (TYPE: LP)

(4)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
XX CERTIFIED COPY

CONTACT PERSON: Tamara Odom

h/k 5/15

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 MAY 15 PM 5:21

RECEIVED
00 MAY 15 PM 3:58
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

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

1. FLORIDA APARTMENT CLUB ST. AUGUSTINE 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. DELAWARE 4. _____
(State of Formation) (Date of Formation)

5. CORPORATION SERVICE COMPANY
(Name of Registered Agent for Service of Process)

6. 1201 HAYS STREET
(Street Address of Registered Office)

TALLAHASSEE, Florida 32301
(City) (Zip Code)

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

CORPORATION SERVICE COMPANY

Deborah D. Skipper
(Agent must sign on this line)

Deborah D. Skipper
Asst. Secretary

8. 1013 CENTRE ROAD

WILMINGTON, DELAWARE 19805
(Address of registered office required in state of formation or, if not required, address of principal office.)

9. NAMES OF GENERAL PARTNERS STREET ADDRESS

THE FLORIDA APARTMENT CLUB, INC. 848 BRICKELL AVE., #810, MIAMI, FL 33131

P96000018098

10. LUIS LAMAR C/O DAYCO HOLDINGS CORPORATION, 848 BRICKELL AVE., MIAMI, FLORIDA, 33131
(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of the limited partner or limited partners until the limited partnership's registration in Florida is canceled or withdrawn.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 DAYCO HOLDINGS CORPORATION, 848 BRICKELL AVE., SUITE 810, MIAMI, FL 33131

(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 12th day of MAY, 1900 2000

[Signature]
General Partner

STATE OF FLORIDA

COUNTY OF DADE

On this 12th day of May, 2000

Luis Lamar

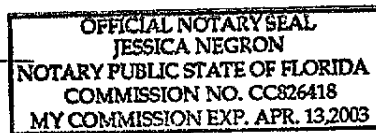
personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

[Signature]
(Notary Public Signature)

Jessica Negron
(Notary's Printed Name)



Seal

My Commission Expires: _____

FILED
NOTARY PUBLIC STATE OF FLORIDA
00 MAY 15 PM 3:21

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared LUIS LAMAR
a general partner of FLORIDA APARTMENT CLUB, INC., a (an)
limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is \$ 4,330,000.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 4,330,000.

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.

This 12 day of MAY, 19 2000.

[Signature]
General Partner

STATE OF FLORIDA

COUNTY OF MIAMI-DADE

On this 12th day of MAY, 19 2000,

Luis Lamar

, personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

[Signature]
(Notary Public Signature)

Jessica Negron
(Notary's Printed Name)

Seal

My Commission Expires:

