

ACCOUNT FILING COVER SHEET

ACCOUNT NUMBER: BOU0000000160

REFERENCE: 212270
(Sub Account)

DATE: 5-18

REQUESTOR NAME: Lexis Document Services

ADDRESS: _____

TELEPHONE: (____) (____) ext (____)

CONTACT NAME: _____

CORPORATION NAME: Blackhawk Armenia L.P.

DOCUMENT NUMBER: _____
(if applicable)

AUTHORIZATION: Cynthia J. Woodyard



☒ CERTIFIED COPY (1-9)
☒ CERTIFICATE OF STATUS (1-9)
☒ PLAIN STAMPED COPY

() Call When Ready
() Walk In
() Mail Out

() Call if Problem
() Will Wait

() After 4:30
() Pick Up

RECEIVED
00 MAY 18 PM 3:24
DEPARTMENT OF COMMERCE
DIVISION OF CORPORATIONS

RECEIVED
00 MAY 18 PM 12:23
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
ALABAMA

900009257679-16

File First
3/11/12

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 MAY 18 PM 3:24

1. Blackhawk Armenia L.P.
(Name of limited partnership as it is in the home state)
2. Not Applicable
(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. Illinois 4. April 28, 2000
(State of Formation) (Date of Formation)

5. Lexis Document Services Inc.
(Name of Registered Agent for Service of Process)

6. 3953 W. W. Kelley Road
(Street Address of Registered Office)

Tallahassee, Florida 32311
(City) (Zip Code)

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

LEXIS DOCUMENT SERVICES INC.

By: [Signature]
(Agent must sign on this line)

8. 100 North LaSalle Street, Suite 910
Chicago, Illinois 60602
(Address of registered office required in state of formation or, if not required, address of principal of office.)

9. NAMES OF GENERAL PARTNERS STREET ADDRESS

Blackhawk Armenia, Inc. 100 North LaSalle Street, Suite 910
(an Illinois corporation) Chicago, Illinois 60602

F00000002803

10. 100 North LaSalle Street, Suite 910, Chicago, Illinois 60602
(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of the limited partner or limited partners until the limited partnership's registration in Florida is canceled or withdrawn.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. 100 North LaSalle Street, Suite 910
Chicago, Illinois 60602

(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 17th day of May, 2000

BLACKHAWK ARMENIA, INC.

By: [Signature]

Gary S. Richman, President

STATE OF ILLINOIS

COUNTY OF COOK

On this 17th day of May, 2000

Gary S. Richman

personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

[Signature]

(Notary Public Signature)

MARCIA A. RICHMAN

(Notary's Printed Name)

Seal

My Commission Expires: _____

"OFFICIAL SEAL"
MARCIA A. RICHMAN
Notary Public, State of Illinois
My Commission Exp. 07/13/2002

FILED STATE
DIVISION OF CORPORATIONS
00 MAY 18 PM 3:24

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

Gary S. Richman, President of
BEFORE ME the undersigned personally appeared Blackhawk Armenia, Inc.
general partner of Blackhawk Armenia L.P., an Illinois
limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is \$ 1,100.00.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 1,100.00.

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 17th day of May, 2000

BLACKHAWK ARMENIA, INC.

By: [Signature]
Gary S. Richman, President

STATE OF ILLINOIS

COUNTY OF COOK

On this 17th day of May, 2000

Gary S. Richman, personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

[Signature]
(Notary Public signature)

MARCIA A. RICHMAN
(Notary's Printed Name)

"OFFICIAL SEAL"
MARCIA A. RICHMAN
Notary Public, State of Illinois
My Commission Exp. 07/13/2002

Seal

My Commission Expires:

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 MAY 18 PM 3:24