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Information Systems
660 East Jefferson Street
Tallahassee, FL 32301
Tel 850 222 1092
Fax 850 222 7615
Attn: Jeff Netherton

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-07/07/00-01064-009
*****87.50 *****87.50

CORPORATION(S) NAME

Stringfellow Road Grove, L.P.

<input type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> Nonprofit		
<input checked="" type="checkbox"/> Foreign	<input type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> Mark
	<input type="checkbox"/> Reinstatement	
<input checked="" type="checkbox"/> Limited Partnership	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Other
<input type="checkbox"/> LLC	<input type="checkbox"/> Name Registration	<input type="checkbox"/> Change of RA
	<input type="checkbox"/> Fictitious Name	<input type="checkbox"/> UCC
<input type="checkbox"/> Certified Copy	<input type="checkbox"/> Photocopies	<input type="checkbox"/> CUS
<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Call If Problem	<input type="checkbox"/> After 4:30
<input checked="" type="checkbox"/> Walk In	<input type="checkbox"/> Will Wait	<input checked="" type="checkbox"/> Pick Up
<input type="checkbox"/> Mail Out		

00 JUL -7 PM 2:59

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Name _____
Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
Acknowledgement _____
W.P. Verifier _____

07/07/00

FILE SECOND

TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS
DEPARTMENT OF STATE

00 JUL -7 AM 11:49

RECEIVED

BH

7/7

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

1. Stringfellow Road Grove, 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 4. 7/3/00
(State of Formation) (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, Florida 33324
(City) (Zip Code)

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

C T Corporation System

KAH Kevin A. Sebastian, Asst. Secy.
(Agent must sign on this line)

8. 15 East North Street

Dover, DE 19901
(Address of registered office required in state of formation or, if not required, address of principal office.)

9. NAMES OF GENERAL PARTNERS STREET ADDRESS

SRG Management, Inc. 87 Andover Lane

F00000003821 Williamsville, NY 14221

10. 87 Andover Lane, Williamsville, New York 14221
(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

00 JUL -7 PM 2:59
SECRETARY OF STATE
DIVISION OF CORPORATIONS

12. 87 Andover Lane, Williamsville, New York 14221

(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 30th day of June, ~~19~~ 2000

SRG MANAGEMENT, INC.

By: [Signature] General Partner

STATE OF NEW YORK

COUNTY OF ERIE

On this 30 day of June, ~~30~~ 2000

Richard G. Galvin personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

Mary K. Mahoney
(Notary Public Signature)

MARY K. MAHONEY
Notary Public, State of New York
Qualified in Erie County
My Commission Expires 12/02/2001

(Notary's Printed Name)

Seal

My Commission Expires: _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
JUL - 7 PM 2:59

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared Richard J. Galvin, President of
a general partner of Stringfellow Road Grove, 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 \$ 100.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of
transacting business in Florida is \$ 100.

*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 30th day of June, ~~19~~ 2000.

SRG MANAGEMENT, INC.

By: _____

General Partner

STATE OF NEW YORK

COUNTY OF ERIE

On this 30th day of June, ~~19~~ 2000.

Richard J. Galvin, personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

Mary K. Mahoney
(Notary Public Signature)

(Notary's Printed Name)

MARY K. MAHONEY
Notary Public, State of New York
Qualified in Erie County
My Commission Expires 12/02/20 01

MARY K. MAHONEY
Notary Public, State of New York
Qualified in Erie County
My Commission Expires 12/02/20 01

Seal

My Commission Expires: