

Document Number Only

13000000000248

C T CORPORATION SYSTEM

Requestor's Name
660 East Jefferson Street

Address
Tallahassee, FL 32301 (850)222-1092
City State Zip Phone

100003346611--0
-08/04/00--01062--004
***1793.75 ***1793.75

CORPORATION(S) NAME

Graham Florida Medical Building Limited Partnership

- ☐ Profit ☐ Amendment ☐ Merger
☐ NonProfit ☐ Dissolution/Withdrawal ☐ Mark
☐ Limited Liability Company ☐ Other
☐ Foreign ☐ Annual Report ☐ Change of R.A.
☒ Limited Partnership ☐ Reservation ☒ Fictitious Name
☐ Reinstatement ☐ Photo Copies ☒ CUS
☐ Limited Liability Partnership
☐ Certified Copy
☐ Call When Ready ☐ Call if Problem ☐ After 4:30
☐ Walk In ☐ Will Wait ☐ Pick Up
☐ Mail Out

Name
Availability
Document Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

PLEASE RETURN EXTRA COPY(S)
FILE STAMPED
THANKS
LAURA EARNEST

00 AUG -4 PM 2:35

RECEIVED

FILE SECOND

FILED
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
00 AUG -4 AM 10:48

8/4/00



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

August 4, 2000

C T CORPORATION SYSTEM

TALLAHASSEE, FL

SUBJECT: GRAHAM FLORIDA MEDICAL BUILDING LIMITED PARTNERSHIP
Ref. Number: W00000019436

We have received your document for GRAHAM FLORIDA MEDICAL BUILDING LIMITED PARTNERSHIP and your check(s) totaling \$1793.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED your \$1,793.75 payment.

This limited partnership could not be filed because the filing of its corporate general partner had to be returned for corrections.,

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) 487-6914.

Buck Kohr
Corporate Specialist

Letter Number: 000A00042409

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DIVISION OF CORPORATIONS
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00 AUG 17 PM 3:44
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILE SECOND

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

RECEIVED BY STATE
DIVISION OF CORPORATIONS
00 AUG -4 AM 10:48

1. Graham Florida Medical Building 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. Iowa 4. 7/27/00
(State of Formation) (Date of Formation)
5. CT Corporation System
(Name of Registered Agent for Service of Process)
6. 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:
- X Connie Bryan **CONNIE BRYAN**
(Agent must sign on this line) **SPECIAL ASSISTANT SECRETARY**
8. 500 Locust Street
Des Moines, IA 50309
(Address of registered office required in state of formation or, if not required, address of principal office.)
- | 9. NAMES OF GENERAL PARTNERS | STREET ADDRESS |
|-------------------------------|-----------------------------|
| <u>The Graham Group, Inc.</u> | <u>500 Locust Street</u> |
| | <u>Des Moines, IA 50309</u> |
| _____ | _____ |
| _____ | _____ |
10. 500 Locust Street, Des Moines, IA 50309
(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. 500 Locust Street

Des Moines, IA 50309

(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 27 day of July, 2000

By The Graham Group, Inc., General Partner
Charles R. Taylor
~~General Partner~~ Charles R. Taylor, Vice President

STATE OF Iowa

COUNTY OF Polk

On this 27th day of July, 2000

Charles R. Taylor personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

Carol L. Mitchell
(Notary Public Signature)

Carol L. Mitchell
(Notary's Printed Name)

Seal

My Commission Expires: 7/27/2001

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**AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED
PARTNERSHIP**

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BEFORE ME the undersigned personally appeared Charles R. Taylor, Vice President
of The Graham Group, Inc.
a general partner of Graham Florida Medical
Building Limited Partnership, ~~an~~ an Iowa
limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is \$ 5,000,000.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 5,000,000.

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.

Signed this 27 day of July, 2000.

The Graham Group, Inc., General Partner
Charles R. Taylor
By Charles R. Taylor, Vice President/
Secretary

STATE OF Iowa

COUNTY OF Polk

On this 27th day of July, 2000,

Charles R. Taylor, personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

Carol L. Mitchell
(Notary Public Signature)

Carol L. Mitchell
(Notary's Printed Name)

Seal

My Commission Expires: 7/27/2001