

B00000000270

Document Number only

100003378131--0
-08/31/00--01002--017
*****35.00 *****35.00

C T CORPORATION SYSTEM

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, FL 32301 (850)222-1092

City

State

Zip

Phone

100003378131--0
-08/31/00--01002--016
*****52.50 *****52.50

CORPORATION(S) NAME

Moyar Group Limited Partnership

00 AUG 30 AM 8:54

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

- | | | |
|---|---|--|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | | |
| <input type="checkbox"/> Limited Liability Company | | |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| <input checked="" type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Reservation | <input type="checkbox"/> Change of P.A. |
| <input type="checkbox"/> Limited Liability Partnership | | <input type="checkbox"/> Fictitious Name |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> CUS |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call if Problem | <input type="checkbox"/> After 4:30 |
| <input type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

00 AUG 30 PM 3:13

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

8/30 PLEASE RETURN EXTRA COPY(S)
FILE STAMPED
THANKS.

LAURA EARNEST

3/2 8/30

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 AUG 30 AM 8:34

1. Moyar Group Limited Partnership
(Name of limited partnership as it is in the home state)
2. Moyar Group Limited
(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. February 8, 1996
(State of Formation) (Date of Formation)

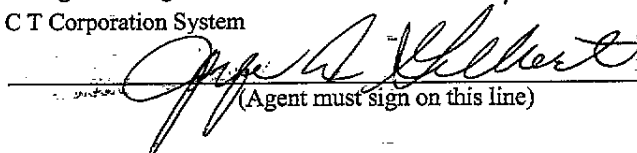
5. C T Corporation System
(Name of Registered Agent for Service of Process)

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


(Agent must sign on this line)

JOYCE A. GILBERT
ASSISTANT SECRETARY

8.

1375 East Ninth Street, Suite 2350, Cleveland, OH 44114
(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>Bert W. Moyar</u>	<u>16257 Aldersyde Drive</u> <u>Shaker Heights, Ohio 44120</u>
<u>Majorie M. Moyar</u>	<u>16257 Aldersyde Drive</u> <u>Shaker Heights, Ohio 44120</u>

10. Moyar Enterprises Incorporated, 1375 East Ninth St., Suite 2350, Cleveland, OH
(Office where Names, Addresses and Contributions of Limited Partners are kept.) 44114

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. 1375 East Ninth Street, Suite 2350, Cleveland, Ohio 44114

(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 2nd day of August, ~~19~~ 2000

Bert W. Moyar

General Partner

Bert W. Moyar, a General Partner

STATE OF

OHIO

COUNTY OF CUYAHOGA

On this 2nd day of August, ~~19~~ 2000

Bert W. Moyar

personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

Linda D. Brown

(Notary Public Signature)

LINDA D. BROWN

Notary Public, State of Ohio

My Commission Expires 1-19-2004

Seal

My Commission Expires: 1-19-2004

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 AUG 30 AM 8:54

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared Bert W. Moyer,
a general partner of Moyar Group Limited Partnership, 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 \$ 50,000.00.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 5,000.00.

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.

This 2nd day of August, ~~19~~ 2000.

Bert W. Moyer

General Partner
Bert W. Moyer, a General Partner

STATE OF OHIO

COUNTY OF CUYAHOGA

On this 2nd day of August, ~~19~~ 2000,

Bert W. Moyer, personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

Linda D. Brown
(Notary Public Signature)

LINDA D. BROWN

Notary Public, State of Ohio

My Commission Expires 1/19/2004

Seal

My Commission Expires: 1-19-2004

FILED
STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
00 AUG 30 AM 8:54