

CAPITOL SERVICES d/a
PARALEGAL & ATTORNEY SERVICE BUREAU, INC.

(Requestor's Name)

1406 Hays Street, Suite 2

(Address)

Tallahassee, FL 32301 (904) 656-3992

(City, State, Zip)

(Phone #)

OFFICE USE ONLY

LP- 87.50
CERT 52.50

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-10/03/00--01050--009
2224.25 *140.00

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. CMS Entrepreneurial II Associates, L.P.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☒ Walk in

☒ Pick up time 10:30

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

FILED
OCT -3 PM 2:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| NEW FILINGS | |
|--------------------------|-------------------|
| <input type="checkbox"/> | Profit |
| <input type="checkbox"/> | NonProfit |
| <input type="checkbox"/> | Limited Liability |
| <input type="checkbox"/> | Domestication |
| <input type="checkbox"/> | Other |

| AMENDMENTS | |
|--------------------------|---------------------------------------|
| <input type="checkbox"/> | Amendment |
| <input type="checkbox"/> | Resignation of R.A., Officer/Director |
| <input type="checkbox"/> | Change of Registered Agent |
| <input type="checkbox"/> | Dissolution/Withdrawal |
| <input type="checkbox"/> | Merger |

| OTHER FILINGS | |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report |
| <input type="checkbox"/> | Fictitious Name |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/QUALIFICATION | |
|-------------------------------------|---------------------|
| <input checked="" type="checkbox"/> | Foreign |
| <input checked="" type="checkbox"/> | Limited Partnership |
| <input type="checkbox"/> | Reinstatement |
| <input type="checkbox"/> | Trademark |
| <input type="checkbox"/> | Other |

RECEIVED
OCT -3 AM 11:14
DIVISION OF CORPORATION

Examiner's Initials

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

1. CMS ENTREPRENEURIAL II ASSOCIATES, 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
(State of Formation)

4. May 24, 1999
(Date of Formation)

5. Grant T. Downing, Esq.
(Name of Registered Agent for Service of Process)

6. 222 West Comstock Avenue, Suite 101
(Street Address of Registered Office)

Winter Park Florida 32789
(City) (Zip Code)

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

Grant T. Downing
(Agent must sign on this line)

8. c/o CMS Affiliated Partnerships

One Bala Plaza, Suite 412, Bala Cynmyd, P.A. 19004
(Address of registered office required in state of formation or, if not required, address of principal office.)

9. NAMES OF GENERAL PARTNERS

STREET ADDRESS

MSPS Entrepreneurial II, Inc.

One Bala Plaza, Suite 412, Bala Cynmyd,
P.A. 19004

P 0000005220

10. CMS Affiliated Partnerships, One Bala Plaza, Suite 412, Bala Cynmyd, P.A. 19004
(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. CMS Entrepreneurial II Associates, L.P.

One Bala Plaza, Suite 412, Bala Cynwyd, Pennsylvania 19004

(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 2nd day of October, 2000
MSPS ENTREPRENEURIAL II, INC.

By: John S. Green
Print Name John S. Green
Title: Vice President

STATE OF Pennsylvania

COUNTY OF Philadelphia

On this 2nd day of October, 2000

John S. Green personally appeared before me,
as Vice President of MSPS Entrepreneurial II, Inc., general partner of
CMS Entrepreneurial II Associates, L.P.

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

Raechel Frances Kology
(Notary Public Signature)

Raechel Frances Kology
(Notary's Printed Name)

NOTARIAL SEAL
RAEHEL F. KOLOGY, Notary Public
City of Philadelphia, Phila. County
My Commission Expires Feb. 23, 2004

Seal

My Commission Expires: _____

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TALLAHASSEE, FLORIDA

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared John S. Green, as Vice President of MSPS ENTREPRENEURIAL II, INC., 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 \$ 990.00.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 60.00.

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 2nd day of October, 2000.

MSPS ENTREPRENEURIAL II, INC., General Partner

By: John S. Green

Print Name: John S. Green

Title: Vice President

STATE OF Pennsylvania

COUNTY OF Philadelphia

On this 2nd day of October, 2000.

John S. Green, personally appeared before me,
as Vice President of MSPS Entrepreneurial, II, Inc., general partner of
MSPS Entrepreneurial II Associates, L.P.
☒ who is personally known to me
☐ whose identity I proved on the basis of _____

Raechel Frances Kology
(Notary Public Signature)

Raechel Frances Kology
(Notary's Printed Name)

Seal

My Commission Expires:

NOTARIAL SEAL
RAECHEL F. KOLOGY, Notary Public
City of Philadelphia, Phila. County
My Commission Expires Feb. 23, 2004

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