BOUDOOOO 305

	CAPITOL SENICE d PARALEGAL & ATTORNE	y SE	RVICE BUREAU, INC.			
,	(Requestor's Name) 1406 Hays Street, S	·-··				
	(Address) Tallahassee, FL 32		(904) 656-3992 (Phone #)	OFFICE	USE ONLY	··
	(City, State, Zip)				5000034129	186 <u></u> 0
	C	CRI	- 87.50 - 52.50		-10/03/00010 ***2224.25 *	, ****140.00
C	ORPORATION NAME	(s) a	& DOCUMENT NUM	BER(S) (if kr	nown):	
1.	CMS ENTER	Name	eneurial IT Ass	ociates.	L, P,	
2.	(Corporation	Nam	9)	- (Documen	t#) 1.5 8	
3	(Corporation	Nam	e)	(Documen		<u> </u>
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	Mail out W	ill wa	Photocopy		ertificate of Status	
• •	NEW FILINGS	d States	AMENDMENTS	The second section of the section of the second section of the section of the second section of the secti		
	Profit		Amendment			
	NonProfit		Resignation of R.A., Office	r/Director		
	Limited Liability		Change of Registered Age	nt	- &	
	Domestication		Dissolution/Withdrawal		1516	
	Other		Merger			<u> </u>
., s	OTHER FILINGS		REGISTRATION/ OUALIFICATION		אור	
	Annual Report	V	Foreign		HOITAROGROS TO HOIZI	Δ
	Fictitious Name	V	Limited Partnership	-	0 OCI -3 YW 11: 14	U
	N. Bernandon	$\bot \triangle$			The same and the s	

Examiner's Initials

Reinstatement

Trademark

Other

CR2E031(10/92)

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)	· · · · · ·
(Name of limited parties supplies	•
and a register of transact business in Florida.	
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.")	
must contain the word Livilians	
May 24, 1999	
Delaware 4. May 24, 1999 3. (Date of Formation)	
(State of Formation) (Date of Formation)	.
Grant T. Downing, Esq.	·
5. Grant T. Downing, Esq. (Name of Registered Agent for Service of Process)	
222 West Comstock Avenue, Suite 101	
6. (Street Address of Registered Office)	
Winter Park, Florida32789 (Zip Code)	
(City)	
a a dea of Drocess:	
7. Acceptance by the Registered Agent for Service of Process:	
α	
Mars 7. Jours	
Grant T Downing (Agent must sign on this line)	
8. c/o CMS Affiliated Partnerships /	
21. 412 Ppla Growid P.A. 19004	
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.)	
(Address of registered office required in state of the st	-
9. NAMES OF GENERAL PARTNERS STREET ADDRESS	
MCDC Entraprepeurial II. Inc. One Bala Plaza, Suite 412, Bala C	ynmyd,
MSPS Entrepreneurial II, Inc. One Bala Plaza, Suite 412, Idia 5	· · · · · · · · · · · · · · · · · · ·
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CMS Affiliated Partnerships, One Bala Plaza, Suite 412, Bala Cynmyd, P.A.	19004
10. CMS Affiliated Partnerships, One Bala Flaza, Sures Partners are kept.) (Office where Names, Addresses and Contributions of Limited Partners are kept.)	· · · · · · · · · · · · · · · · · · ·
(Office where Names, Francisco	

CONTINUED

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.

CMS Entr	repreneurial II Associ	ates, L.P.		-	
					
One Bala I	Plaza, Suite 412, Bala	a Cynmyd, Pennsy	Ivania 19004	The state of the s	and t
	·	Limited Partnership)			
Under penalties of perjury and that the facts stated he	I, being duly sworn, declare tha	t I have read the forego	oing and know the cont	ents thereof	
Signed this 2nd da	y of October		2000	37	
MSPS.	ENTREPRENEURIAL II,		PSE'S		
STATE OF Prints	Name Johns, S. Gr Vice President	een		51 P. 50	
COUNTY OF Phile	Ulphia .				
On this 2M	October day of	, 2000	e em e e e	· · · · · · · · · · · · · · · · · · ·	<u></u>
OHA D	NIM =	per	sonally appeared before	e me,	
as CMS Entreoreneuria who is personally know	of MSPS Entre	preneurial II,			1 . we** 2
whose identity I prove	ed on the basis of			Ta Lagrand	
- L	ahal Homes	Kolim			
1 ≱	(Notary Public Si	gnature) 0	•		<u>.</u> :
at a	aechel Frances	Kology		e e e e e e e e e e e e e e e e e e e	.:=
•	(Notary's Printed	Name)	NOTARIAL SEAL	niic	

Seal

My Commission Expires:_

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

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared 50 h 5. (The as Vice President
BEFORE ME the undersigned personally appeared	OLDY A TOTAL OLD THE TOTAL OLD
MODO FATTREPRENEIRIAL II. INC.	_,a(an)_Delaware
a general partner of	s as follows:
1. The amount of capital contributions of the limited partners is \$ 990	s that are allocated for the purposes of
2. The anticipated amount of the capital contributions of the interest	3 mar and tallocation and tall
transacting business in Florida is \$ 65.00	
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.	PEG 0 T
Signed this 2rd day of October, 2000.	SSET O
MSPS ENTREPRENEURIAL II, INC.	
By: Old Theen _	LORDE 22: 159
The Co	
Print Name: Oh Sol	
STATE OF MANAGEMENT	And the second s
COUNTY OF THURLIPMY October	2000
On this day of	
Oil tins	s Current to a superior to the second se
Oaka 18 Deun.	ersonally appeared before me,
of MSPS Entrepreneur	ial, 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	
La de	
Allthel Ornes Trung	سسان الرادا في المحادث وسادات
(Notary Public Signature)	
No la de la company de la comp	
*weete Warres Kology	
(Notary's Printed Name)	

My Commission Expires:

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