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Document Number 011

**CT Corporation System
660 East Jefferson Street
Tallahassee, FL 32301
850-222-1092**

DATE: 10/18

500003428455--9
10/18/00--01034--017
***1785.00 ***1785.00

Corporation(s) Name 500003428455--9
-10/18/00--01034--017
*****8.75 *****8.75

Ginn-LA St. Lucie, LP

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

☐ Profit
☐ Nonprofit

☐ Amendment

☐ Merger

☐ Foreign
☐ LLC

☐ Dissolution
☐ Withdrawal

☐ Mark

☒ Limited Partnership
☐ Reinstatement
☐ UCC ☐ 1 or ☐ 3

☐ UBR
☐ Fictitious Name

☐ Other
☐ Ch. RA

***Special Instructions**

☐ Certified Copy ☐ Photocopies
☐ Arts/amends/mergers ☐ Other-See Above

☒ CUS

☒ (XXX) Walk in

☐ (XXX) Pick-up

☐ () Will Wait

File
2nd

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Copies To:

Carol Clark

Thank You!

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OCT 18 AM 10:55
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

10/18

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

1. Ginn-LA St. Lucie, LP
(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. Georgia 4. 10-6-00
(State of Formation) (Date of Formation)

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

6. 1200 S. Pine Island Road
(Street Address of Registered Office)
- Plantation, Florida 33324
(City) (Zip Code)

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

Connie Bryan **CONNIE BRYAN**
(Agent must sign on this line) **SPECIAL ASSISTANT SECRETARY**

8. John G. Morris, 3343 Peachtree Road, N.E.
1600 Atlanta Financial Center, Atlanta, Georgia 30326
(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>Ginn-St. Lucie GP, LLC</u> | <u>5 Blue Heron Lane</u>
<u>Palm Coast, FL 32137</u> |

10. 5 Blue Heron Lane, Palm Coast, FL 32137
(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

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TALLAHASSEE, FLORIDA

12. 5 Blue Heron Lane, Palm Coast, FL 32137

(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 16th day of October, 192000.

Manager of Ginn-St. Lucie GP, LLC, General Partner of Ginn-LA St. Lucie LP

STATE OF Georgia

COUNTY OF Fulton

On this 16th day of October, 192000

Edward R. Ginn, III

personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

Judith A. Nave
(Notary Public Signature)

Judith A. Nave
(Notary's Printed Name)

Notary Public, DeKalb County, Georgia
My Commission Expires May 20, 2001

Seal

My Commission Expires: _____

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared Edward R. Ginn, III
manager of Ginn-St. Lucie GP, LLC,
/ the general partner of Ginn-LA St. Lucie, L.P., a (an) Georgia

limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is \$ 20,000,000.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 20,000,000.

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.

This 16th day of October, 2000.



General Partner

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TALLAHASSEE, FLORIDA

STATE OF Georgia

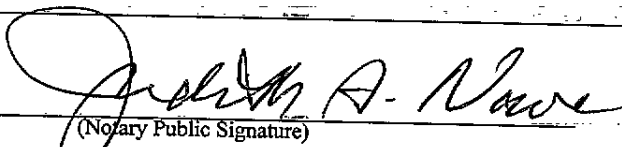
COUNTY OF Fulton

On this 16th day of October, 2000.

Edward R. Ginn, III, personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____


(Notary Public Signature)
Judith A. Nave
(Notary's Printed Name)

Notary Public, DeKalb County, Georgia
My Commission Expires May 20, 2001

Seal

My Commission Expires: