

CT CORPORATION SYSTEM

B01000000120

CORPORATION(S) NAME

Ginn-LA Naples, LLLP

FILED
APR -3 AM 4:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700003953837--9

-04/04/01--01001--007

***1785.00 ***1785.00

☐ Profit	☐ Amendment	☐ Merger
☐ Nonprofit		
☒ Foreign	☐ Dissolution/Withdrawal	☐ Mark
	☐ Reinstatement	
☒ Limited Partnership	☐ Annual Report	☐ Other
☐ LLC	☐ Name Registration	☐ Change of RA
	☐ Fictitious Name	☐ UCC
☐ Certified Copy	☐ Photocopies	☐ CUS
☐ Call When Ready	☐ Call If Problem	☐ After 4:30
☒ Walk In	☐ Will Wait	☒ Pick Up
☐ Mail Out		

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

4/3/01

Order#: 3979119

Ref#: _____

Amount: \$ _____

4/3/01
B/K

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

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DIVISION OF CORPORATIONS
2001 APR -3 PM 4:48
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SUFFICIENCY OF FILING

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

01 APR '03 AM 9:18
FILED
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

1. Ginn-LA Naples, LLLP
(Name of limited partnership as it is in the home state)
2. N/A
(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. April 2, 2001
(State of Formation) (Date of Formation)
5. CT Corporation System
(Name of Registered Agent for Service of Process)
6. c/o CT 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:
- Connie Bagner*
(Agent must sign on this line)
8. Ste. 1600, 3343 Peachtree Road NE
Atlanta, GA 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-Naples GP, LLC</u> | <u>5 Blue Heron Lane</u> |
| <u>MO1000000740</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

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 2nd day of April, 2001.


General Partner

STATE OF Georgia

COUNTY OF Fulton

On this 2nd day of April, 2001.

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:

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared Edward R. Ginn, III, Manager of Ginn-Naples GP, LLC
the ~~XXX~~general partner of Ginn-LA Naples, LLLP, a (an) Georgia
limited ~~partnership~~ ^{liability limited} partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is \$ 20,000,000.00
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 20,000,000.00

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 April, ~~19~~ ^{XX} 2001.

Ginn-Naples GP, LLC

By: [Signature]

General Partner

STATE OF Georgia

COUNTY OF Fulton

On this 2nd day of April, ~~19~~ ^{XX} 2001,

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

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

[Signature]
(Notary Public Signature)

Judith A. Nave
(Notary's Printed Name)

Seal

My Commission Expires:

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA