

CT CORPORATION SYSTEM

B01000000353

CORPORATION(S) NAME

0

McDonough Associates LP

FILED
OCT 12 PM 3:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- | | | |
|---|---|---|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Nonprofit | | |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| | <input type="checkbox"/> Reinstatement | |
| <input checked="" type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> LLC | <input type="checkbox"/> Name Registration | <input type="checkbox"/> Change of RA |
| | <input type="checkbox"/> Fictitious Name | <input type="checkbox"/> UCC |
| <input checked="" type="checkbox"/> Certified Copy | <input type="checkbox"/> Photocopies | <input type="checkbox"/> CUS |
| | BK | |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

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

10/12/01

Order#: 4831723

500004634655--2

-10/12/01--01040--004

***1785.00 ***1785.00

Ref#: _____

Amount: \$ _____

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

je

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

01 OCT 12 PM 3:26
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. McDonogh Associates 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. Maryland 4. April 24, 2001
(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
Connie Bryan **CONNIE BRYAN**
(Agent must sign on this line) **SPECIAL ASSISTANT SECRETARY**
8. 17 Glenberry Court, Phoenix, MD 21131
(Address of registered office required in state of formation or, if not required, address of principal office.)
9. NAMES OF GENERAL PARTNERS STREET ADDRESS
David E. Gonzales Corporation 8016 Acorn Ridge Road
F01000005337 Jacksonville, Florida 32256
10. David E. Gonzales Corporation, 8016 Acorn Ridge Road, Jacksonville, Florida 32256
(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. 8016 Acorn Ridge Road, Jacksonville, Florida 32256

(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 5 day of October, XX 2001

General Partner

David E. Gonzales, President of David E. Gonzales Corporation
STATE OF Florida

COUNTY OF Duval

On this 5 day of October, XX 2001

David E. Gonzales personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

Aureau Diane Yunkes
(Notary Public Signature)

AUREAU DIANE YUNKES
(Notary's Printed Name)

Seal

My Commission Expires: _____



FILED
01 OCT 12 PM 3:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

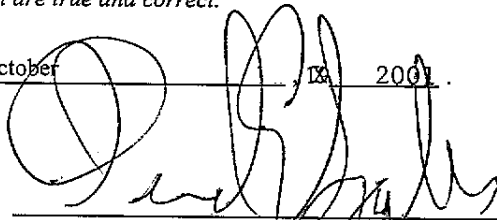
AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared David E. Gonzales, President of David E. Gonzales Corporation
a general partner of McDonogh Associates LP, a (an) Maryland
limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is \$ 1,100,000.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 1,100,000.

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 4 day of October, 2001.



General Partner

David E. Gonzales, President of David E. Gonzales Corporation

STATE OF FLORIDA

COUNTY OF DUVAL

On this 5 day of October, 2001,

David E. Gonzales, personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

Aureau Diane Yunkes
(Notary Public Signature)

AUREAU DIANE YUNKES
(Notary's Printed Name)

Seal

My Commission Expires:

