

CT CO

B02000000120

CORPORATION NAME

2) Jacksonville Argyle 505, LP

FILED
02 APR -5 PM 3:10
SEAL
TALLAHASSEE, FLORIDA

| | | |
|---------------------------------------------------------|-------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Nonprofit | | |
| <input checked="" 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 type="checkbox"/> Certified Copy | <input type="checkbox"/> Photocopies | <input type="checkbox"/> CUS |
| <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 | | |

RECEIVED
02 APR -5 PM 2:05
TALLAHASSEE, FLORIDA

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

4/5/02
**FILE
 SECOND**

Order#: 5253391

600005196146--8

-04/05/02--01053--015

Ref#: *****87.50 *****87.50

Amount: \$ _____

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

02 APR 15 PM 3:19
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Jacksonville Argyle 505, 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. Indiana

(State of Formation)

4. 4/3/2002

(Date of Formation)

5. _____

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

6. _____

1200 South Pine Island Road
(Street Address of Registered Office)

7. _____

Plantation
(City)

Florida

33324

(Zip Code)

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

CT Corporation System

CONNIE BRYAN

By: _____

Connie Bryan

SPECIAL ASSISTANT SECRETARY

(Agent must sign on this line)

8. 201 N. Illinois Street, 23rd Floor, Indianapolis, IN 46204

(Address of registered office required in state of formation or, if not required, address of principal office.)

9. NAMES OF GENERAL PARTNERS

STREET ADDRESS

Jacksonville Argyle 505 Management, Inc.

201 N. Illinois Street, 23rd Floor

FO2000001709

Indianapolis, IN 46204

10. 201 N. Illinois Street, 23rd Floor, Indianapolis, IN 46204

(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. 201 N. Illinois Street, 23rd Floor, Indianapolis, IN 46204

(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 3rd day of April, 2002.

Jacksonville Argyle 505 Management, Inc., General Partner

By:

George P. Broadbent
General Partner
George P. Broadbent, President

STATE OF INDIANA

COUNTY OF MARION

On this 3rd day of April, 2002.

George P. Broadbent, President of the General Partner, personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

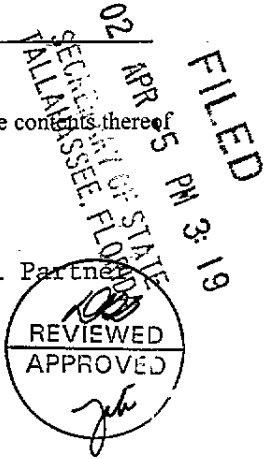
Sheilah M. Summers
(Notary Public Signature)

SHEILAH M. SUMMERS
(Notary's Printed Name)

Seal

My Commission Expires:

3/14/08



AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared George P. Broadbent, President of Jacksonville Argyle
a general partner of Jacksonville Argyle 505, LP, a (an) Indiana 505 Management, Inc.,
limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

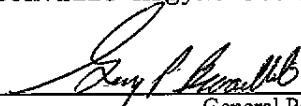
1. The amount of capital contributions of the limited partners is \$ 99.00.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 99.00.

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 3rd day of April, 2002.

Jacksonville Argyle 505 Management, Inc., General Partner

By:



General Partner

George P. Broadbent, President



STATE OF INDIANA

COUNTY OF MARION

On this 3rd day of April, 2002,

George P. Broadbent, President of the General Partner, personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____


(Notary Public Signature)

SHEILAH M. SUMMERS
(Notary's Printed Name)

Seal

My Commission Expires: 3/14/08