

Piper Rudnick

B07000000219

ACCOUNT FILING COVER SHEET

ACCOUNT NUMBER: FCA000000005

REFERENCE:
(Sub Account)

6-24

DATE:

REQUESTOR NAME: Lexis Document Services

ADDRESS:

800005933038-1-1

TELEPHONE: () () ext ()

CONTACT NAME:

CORPORATION NAME: Blackhawk CCVA, L.P.

DOCUMENT NUMBER:
(if applicable)

AUTHORIZATION:

C. Woodyard
Cynthia J. Woodyard

File 2nd

☐ CERTIFIED COPY (1-9)

☐ CERTIFICATE OF STATUS (1-9)

☒ PLAIN STAMPED COPY

() Call When Ready
() Walk In
() Mail Out

() Call if Problem
() Will Wait

() After 4:00
() Pick Up

RECEIVED
02 JUN 2012 PM 2:12

52.50
35.00 RA
87.50
VB
6-24-02

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

1. Blackhawk CCVA, L.P.
(Name of limited partnership as it is in the home state)

2. Not applicable
(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. Illinois 4. 6-19-02
(State of Formation) (Date of Formation)

5. Lexis Nexis Document Solutions Inc. FD1000003179
(Name of Registered Agent for Service of Process)

6. 3953 W. W. Kelley Road
(Street Address of Registered Office)
Tallahassee, Florida 32311
(City) (Zip Code)

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

By: C. Woodward Lexis Nexis Document Solutions Inc.
(Agent must sign on this line)

8. 100 North LaSalle Street, Suite 910
Chicago, Illinois 60602
(Address of registered office required in state of formation or, if not required, address of principal office.)

9. NAMES OF GENERAL PARTNERS

STREET ADDRESS

Blackhawk CCV, Inc. FD0000003202 100 North LaSalle Street, Suite 910
(an Illinois corporation) Chicago, Illinois 60602

10. 100 North LaSalle Street, Suite 910, Chicago, Illinois 60602
(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withdrawn.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

02 JUN 21 PM 2:42
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12. 100 North LaSalle Street, Suite 910, Chicago, Illinois 60602

(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 17th day of June, 2002.

BLACKHAWK CCVA, L.P.

BY: Blackhawk CCV, Inc., General Partner

By: [Signature]
Gary S. Richman, President

STATE OF ILLINOIS

COUNTY OF COOK

On this 17th day of June, 2002

Gary S. Richman

, personally appeared before me,

☒ who is personally known to me

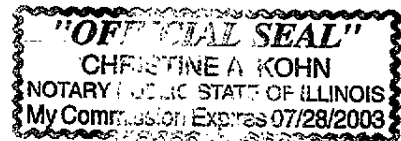
☐ whose identity I proved on the basis of _____

Christine A. Kohn

(Notary Public Signature)

Christine A. Kohn

(Notary's Printed Name)



Seal

My Commission Expires:

7/28/2003

02 JUN 20 PM 2:12
STATE OF ILLINOIS
NOTARY PUBLIC
FILED

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared Gary S. Richman, President of Blackhawk CCV, Inc., a general partner of Blackhawk CCVA, L.P., a (an) Illinois limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

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

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.

Signed this 17th day of June, 2002.

BLACKHAWK CCVA, L.P.

By: Blackhawk CCV, Inc., General Partner

By: 
Gary S. Richman, President

STATE OF ILLINOIS


COUNTY OF COOK

On this 17th day of June, 2002,

Gary S. Richman, personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____


(Notary Public Signature)

Christine A. Kohn
(Notary's Printed Name)



Seal

My Commission Expires: 7/28/03

02 JUN 21 PM 2:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED