

B02000000244

CORPORATION

CORPORATION(S) NAME

AHM Res II Limited Partnership

<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 checked="" 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		

DIVISION OF CORPORATION

02 JUL 10 AM 10:21 PM 1:50

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7/10

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

7/10/02

FILE SECOND

Order#: 5424995

Ref#: _____

Amount: \$ _____

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

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-07/10/02--01002--018
*****96.25 *****96.25

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

1. AHM Res II Limited Partnership
(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. Virginia 4. 4/23/2002
(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

(Agent must sign on this line)

**Anusha Putty
Vice President and
Assistant Secretary**

8. c/o McGuireWoods LLP, 901 E. Cary Street, Richmond, VA 23219

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

9. NAMES OF GENERAL PARTNERS STREET ADDRESS

AHM Res II GP, Inc. 10 South Third Street, Richmond, VA 23219

F02-3524

10. 10 South Third Street, Richmond, VA 23219
(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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12. 10 South Third Street, Richmond, VA 23219

(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 27 day of June, 2002

AHM Res II GP, Inc. by J. Philip Hart, VP
AHM Res II GP, Inc., by J. Philip Hart, Vice President
General Partner

STATE OF Virginia

City
COUNTY OF Richmond

On this 27th day of June, 2002

J. Philip Hart personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

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Jacquelyn B. Owens
(Notary Public Signature)

Jacquelyn B. Owens
(Notary's Printed Name)

Seal

My Commission Expires: 6/30/03

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared J. Philip Hart, Vice President of AHM Res II GP, Inc.,
a general partner of AHM Res II Limited Partnership, a (an) Virginia
limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is \$ 1.00.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 0.

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 27 day of June, 2002.

AHM Res II GP Inc by JPH Hart, VP
General Partner

AHM Res II GP, Inc., by J. Philip Hart, Vice President

STATE OF Virginia
City
COUNTY OF Richmond

On this 27th day of June, 2002.

J. Philip Hart, personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

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02 JUL 10 PM 1:51
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Jacquelyn B. Owens
(Notary Public Signature)

Jacquelyn B. Owens
(Notary's Printed Name)

Seal

My Commission Expires: 6/30/03