

CT CORPORATION

602000000339

CORPORATION(S) NAME

(4) 10/16 FOR UP

1) Ginn-LA Wilderness Ltd. LLLP

FILED
10 OCT 16 PM 11:40
TALLAHASSEE FLORIDA

☐ 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

10/16/02

Order#: 5639724

Availability

Document

KF

Examiner

Updater

Verifier

W.P. Verifier

File Second

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-10/17/02 --01005 --003
Ref#: ***1785.00 ***1785.00

Amount: \$

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

Florida Department of State, Sandra B. Mortham, Secretary of State

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

1. Ginn-LA Wilderness Ltd. LLLP
(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. Georgia 4. October 15, 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
Corinne Brown
(Agent must sign on this line)
8. 3343 Peachtree Road, NE, Ste. 1600, 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
- Ginn-Wilderness GP, LLC 215 Celebration Place, Ste. 200
Celebration, Florida 34747
10. 215 Celebration Place, Ste. 200, Celebration, Florida 34747
(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of the limited partner or limited partners until the limited partnership's registration in Florida is canceled or withdrawn.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

FILED
02 OCT 16 PM 1:40
SECRETARY OF STATE
TALLAHASSEE FLORIDA

12. 215 Celebration Place, Ste. 200, Celebration, Florida 34747

(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 11th day of October, 2002

Ginn Wilderness CP, LLC
By: [Signature], Edward R. Ginn, III, Manager
General Partner

STATE OF FLORIDA

COUNTY OF OSCEOLA

On this 11th day of October, 2002

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)

MARITZA ARIAS
(Notary's Printed Name)

Seal

My Commission Expires: 3/22/2005

MARITZA ARIAS
NOTARY PUBLIC - STATE OF FLORIDA
COMMISSION # DD011490
EXPIRES 3/22/2005
BONDED THRU 1-388-NOTARY1

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR FOREIGN LIMITED PARTNERSHIP

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

1. The amount of capital contributions of the limited partners is \$ 10,000,000.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 10,000,000.

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 11th day of October, 2002.



Manager of General Partner

STATE OF FLORIDA


COUNTY OF OSCEOLA

On this 11th day of October, 2002,

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)

MARITZA ARIAS

(Notary's Printed Name)

Seal

My Commission Expires: