

BO300000001Z

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

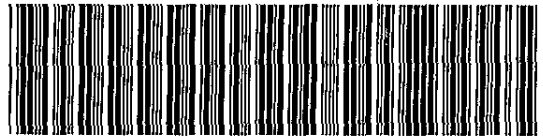
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200009979302

01/15/03--01037--018 **1785.00

01/15/03--01037--019 **8.75

W1/15

RECEIVED
FILED
03 JAN 15 4:11:27
DIVISION OF STATE
CORPORATIONS
TALLAHASSEE, FLORIDA
03 JAN 15 PM 3:26

CT CORPORATION

January 15, 2003

Secretary of State, Florida
409 East Gaines Street
Tallahassee FL 32399

Re: Order #: 5768213 SO
Customer Reference 1: 11869-37903
Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

Ginn-LA Westmoreland Ltd., LLLP (GA)
Registration
Florida

Please FILE SECOND and return a good standing certificate along with regular evidence.

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Jeffrey J Netherton
Sr. Fulfillment Specialist
Jeff_Netherton@cch-lis.com

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 JAN 15 PM 3:26

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 Westmoreland Ltd., LLP
(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. January 14, 2003
(State of Formation) (Date of Formation)
5. CT Corporation System
(Name of Registered Agent for Service of Process)
6. c/o CT 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:
CT Corporation System
Carrie Rogers
(Agent must sign on this line)
8. Suite 1600, 3343 Peachtree Road., NE, 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-Westmoreland GP, LLC 215 Celebration Place, Ste. 200
103-148 Celebration, FL 34747
10. 215 Celebration Place, Ste. 200, Celebration, FL 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 STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
03 JAN 15 PM 3:26

12. 215 Celebration Place, Ste. 200, Celebration, FL 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 14th day of January, ~~xxx~~ 2003

[Signature]
General Partner

STATE OF Georgia

COUNTY OF Fulton

On this 14th day of January, ~~xxx~~ 2003

Edward R. Ginn, III personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
03 JAN 15 PM 3:26

[Signature]
(Notary Public Signature)

Judith A. Nave
(Notary's Printed Name)

Notary Public, Dekalb County, Georgia
My Commission Expires May 20, 2005

Seal

My Commission Expires: _____

**AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR FOREIGN LIMITED
PARTNERSHIP**

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

1. The amount of capital contributions of the limited partners is \$ 20,000,000
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of
transacting business in Florida is \$ 20,000,000

*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 14th day of January, ~~19~~ 2003.

Ginn-Westmoreland GP, LLC

By:  Manager
General Partner

STATE OF Georgia

COUNTY OF Fulton

On this 14th day of January, ~~19~~ 2003.

Edward R. Ginn, III, personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 JAN 15 PM 3:26


(Notary Public Signature)

Judith A. Nave
(Notary's Printed Name)

Seal

My Commission Expires:

Notary Public, DeKalb County, Georgia
My Commission Expires May 20, 2005