

BO 300 00000169

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

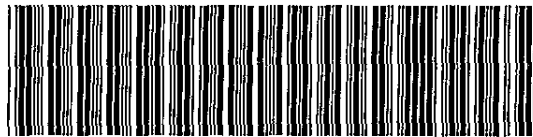
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/12/03--01035--003 **1785.00

RECEIVED
03 MAY 12 AM 10:56
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

03 MAY 12 AM 11:16

5-12-03

CT Corporation System

CORPORATION(S) NAME

Ginn-LA Jose Park Ltd., LLLP

- | | | |
|---|---|---|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Nonprofit | | |
| <input 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 | | |

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

5/12/03

JN

Order#: 5848812

Ref#: _____

Amount: \$ _____

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APR 12 AM 11:10
CLERK OF SUPERIOR COURT
ALABAMA

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

1. Ginn-LA José Park Ltd., LLLP
(Name of limited partnership as it is in the home state)
2. n/a
(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. 5/8/03
(State of Formation) (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)
- Plantation Florida 33324
(City) (Zip Code)
7. Acceptance by the Registered Agent for Service of Process:
Connie Bryan **CONNIE BRYAN**
(Agent must sign on this line) **SPECIAL ASSISTANT SECRETARY**
8. 3343 Peachtree Road, Ste. 1600
Atlanta, Georgia 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-José Park GP, LLC 215 Celebration Pl. Ste. 200
MO30000001399 Celebration, FL 34747
10. 215 Celebration Pl. 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

APPROVED
AND
FILED

03 MAY 12 AM 11:16

191

12. 215 Celebration Place, Suite 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.

Signed this 30th day of April, 2003

Ginn José Park GP, LLC

BY: [Signature]

Edward R. Ginn, III, General Partner

STATE OF Florida Manager of the General Partner

COUNTY OF Osceola

On this 30th day of April, 2003

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

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

Linda K. Smith
(Notary Public Signature)

(Notary's Printed Name)

LINDA K. SMITH
NOTARY PUBLIC
STATE OF FLORIDA
COMMISSION # CC948456
EXPIRES 6/25/2004

Seal

My Commission Expires: _____

03 MAY 12 AM 11:14
ALONG AND OF STATE
ALONG AND OF STATE
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APPROVED
AND
FILED

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared Edward R. Ginn, III, Mgr/Ginn-José Park GP, LLC
a general partner of Ginn-LA José Park Ltd., LLP, 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.

Signed this 30th day of April, 2003.

Ginn-José Park GP, LLC

BY: [Signature]
Edward R. Ginn, III, General Partner
Manager of the General Partner

STATE OF Florida

COUNTY OF DeSoto

On this 30th day of April, 2003,

_____ personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

[Signature]
(Notary Public Signature)

(Notary's Printed Name)

Seal

My Commission Expires: _____

LINDA K. SMITH
NOTARY PUBLIC
STATE OF FLORIDA
COMMISSION # CC048458
EXPIRES 6/25/2004

03 MAY 12 AM 11:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AND
FILED