

B03000000255

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

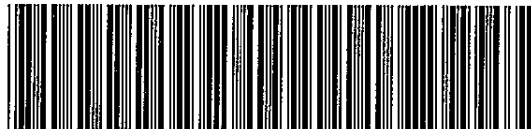
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK
TALLAHASSEE, FLORIDA

BK

ACCOUNT FILING COVER SHEET

ACCOUNT NUMBER: FCA000000005

REFERENCE: 1778398
(Sub Account)

DATE: 7/15

REQUESTOR NAME: Lexis Document Service

ADDRESS:

TELEPHONE: () () ext ()

CONTACT NAME:

CORPORATION NAME: Tampa Veterans 24, L.P.

DOCUMENT NUMBER:
(if applicable)

AUTHORIZATION: Cynthia J. Woodyard



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 4:30
() Pick Up

FILED
03 JUL 16 PM 12:58
TALLAHASSEE FLORIDA

52.50
87.50
8.75
~~96.25~~
14875

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

1. Tampa Veterans 24, L.P.

(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. Delaware

(State of Formation)

4. June 3, 2003

(Date of Formation)

5. LexisNexis Document Solutions, Inc.

(Name of Registered Agent for Service of Process)

6. 1201 Hays Street

(Street Address of Registered Office)

Tallahassee

(City)

Florida

32301

(Zip Code)

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

By: C. Woodyard

(Agent must sign on this line)

8. LexisNexis Document Solutions, Inc., 30 Old Rudnick Lane, Dover, Delaware 19901

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

9. NAMES OF GENERAL PARTNERS

STREET ADDRESS

Tampa Veterans 24, Inc., 30 W. Pershing, Suite 201, Kansas City, MO 64108

10. Tampa Veterans 24, L.P., 30 W. Pershing, Suite 201, Kansas City, MO 64108

(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of the limited partner or limited partners until the limited partnership's registration in Florida is canceled or withdrawn.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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TALLAHASSEE, FLORIDA

12. Tampa Veterans 24, L.P., 30 W. Pershing, Suite 201, Kansas City, MO 64108

(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 14th day of July, 2003

Tampa Veterans 24, Inc.

By: Mitchell E. Albert
General Partner

STATE OF Missouri

COUNTY OF Jackson

On this 14th day of July, 2003

Mitchell E. Albert, personally appeared before me,

☒ who is personally known to me

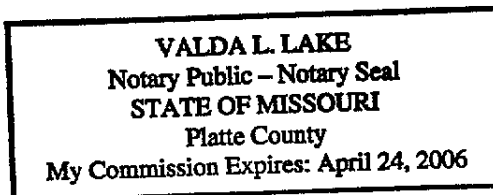
☐ whose identity I proved on the basis of _____

Valda L. Lake
(Notary Public Signature)

VALDA L. LAKE
(Notary's Printed Name)

Seal

My Commission Expires: _____



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TALLAHASSEE, FLORIDA

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

BEFORE ME the undersigned personally appeared Tampa Veterans 24, Inc., by Mitchell E. Albert
a general partner of Tampa Veterans 24, L.P., a (an) Delaware
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.
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.

*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 14th day of July, 2003.

Tampa Veterans 24, Inc.

By: Mitchell E. Albert
General Partner

STATE OF Missouri

COUNTY OF Jackson

On this 14th day of July, 2003,

Mitchell E. Albert, personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

Valda L. Lake
(Notary Public Signature)

VALDA L. LAKE
(Notary's Printed Name)

Seal

My Commission Expires: _____

VALDA L. LAKE
Notary Public - Notary Seal
STATE OF MISSOURI
Platte County
My Commission Expires: April 24, 2006

03 JUL 16 PM 12:59
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CLERK OF SUPERIOR COURT
STATE OF FLORIDA