

BOY000000237

(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



300036914143

06/09/04 -01051--010 **1785.00

FILED

04 JUN -9 PM 2:03

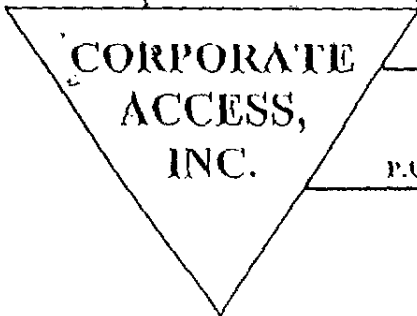
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

04 JUN -9 AM 11:31

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

BK



236 East 6th Avenue Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666

WALK IN

PICK UP

6/8/15

FILED
04 JUN -9 PM 2:03
TALLAHASSEE, FLORIDA

CERTIFIED COPY

CUS

PHOTO COPY

FILING

1.) Vero Beach Plaza, L.P.
(CORPORATE NAME & DOCUMENT #)

2.)
(CORPORATE NAME & DOCUMENT #)

3.)
(CORPORATE NAME & DOCUMENT #)

4.)
(CORPORATE NAME & DOCUMENT #)

5.)
(CORPORATE NAME & DOCUMENT #)

SPECIAL INSTRUCTIONS

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

04 JUN -9 PM 2:03
FILED
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

1. Vero Beach Plaza, 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. California 4. 5/3/04
(State of Formation) (Date of Formation)

5. Paracorp Incorporated
(Name of Registered Agent for Service of Process)

6. 236 East 6th Avenue
(Street Address of Registered Office)

Tallahassee Florida 32303
(City) (Zip Code)

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

Dennis Zoller
(Agent must sign on this line) Assistant Secretary
8. See #10

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

9. NAMES OF GENERAL PARTNERS STREET ADDRESS
Investment Concepts, Inc., 1667 E. Lincoln Ave., Orange, CA 92865

F04000063071

10. 1667 E. Lincoln Ave., Orange, CA 92865
(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of the limited partner or limited partners until the limited partnership's registration in Florida is canceled or withdrawn.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

12. 1667 E. Lincoln Ave.

Orange, CA 92865

(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 25th day of May, 2004.

Investment Concepts, Inc. General Partner

By: Kaye F. Richey

General Partner

Kaye F. Richey, Senior Vice President

STATE OF California

COUNTY OF Orange

On this 25th day of May, 2004.

Kaye F. Richey, personally appeared before me,

☒ who is personally known to me

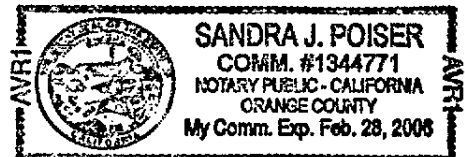
☐ whose identity I proved on the basis of _____

Sandra J. Poiser
(Notary Public Signature)

Sandra J. Poiser
(Notary's Printed Name)

Seal

My Commission Expires: 2-28-06



AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared Kaye F. Richey, Sr. V.P. of Investment Concepts, Inc.
a general partner of Vero Beach Plaza, L.P., a (an) California
limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is \$ 300,000
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 300,000.

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 25th day of May, 2004.

Investment Concepts, Inc..

By: Kaye F. Richey

General Partner

Kaye F. Richey, Senior Vice President

STATE OF California

COUNTY OF Orange

On this 25th day of May, 2004,

Kaye F. Richey, personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

Sandra J. Poiser
(Notary Public Signature)

Sandra J. Poiser
(Notary's Printed Name)

Seal

My Commission Expires: 2-28-06

