

BO4000000260

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

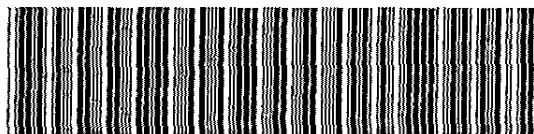
(Business Entity Name)

(Document Number)

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06/21/04 -01002 -010 \*\*35.00

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FILED  
04 JUN 18 AM 10:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DEPT. OF STATE  
CORPORATIONS  
TALLAHASSEE, FLORIDA

04 JUN 18 PM 3:38

RECEIVED

CT CORPORATION

June 18, 2004

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

FILED  
04 JUN 18 AM 10:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Re: Order #: 6112845 SO  
Customer Reference 1: n/a  
Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

Hermitage Place LP (NC)  
Registration  
Florida

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,

Brigham Weir  
Fulfillment Specialist  
Brigham\_Weir@cch-lis.com

*File Second*

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

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

FILED  
04 JUN 18 AM 10:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. HERMITAGE PLACE, LP  
(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. NORTH CAROLINA 4. SEPTEMBER 8, 1998  
(State of Formation) (Date of Formation)
5. CT CORPORATION  
(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:

  
(Agent must sign on this line)

Allan Farnell, Assistant Vice  
President

8. 2201 TRINITY CHURCH ROAD  
CONCORD, NC 28027  
(Address of registered office required in state of formation or, if not required, address of principal office.)

9. NAMES OF GENERAL PARTNERS

STREET ADDRESS

TRINITY MANAGEMENT, INC. PO BOX 648 CONCORD, NC 28026

FO40000034 78

10. 2201 TRINITY CHURCH ROAD CONCORD, NC 28027  
(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. PO BOX 648

CONCORD, NC 28026

(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 17th day of MAY, 2004.

x Carolyn C. Tucker SECRETARY  
TRINITY MANAGEMENT INC. General Partner

STATE OF NORTH CAROLINA

COUNTY OF CABARRIUS

On this 17th day of MAY, 2004.

CAROLYN C. TUCKER, personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of \_\_\_\_\_

Erin O. Marco  
(Notary Public Signature)

ERIN O. MARCO  
(Notary's Printed Name)

Seal

My Commission Expires:

9/12/06

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

BEFORE ME the undersigned personally appeared TRINITY MANAGEMENT INC., SECRETARY CAROLYN C. TUCKER  
a general partner of HERMITAGE PLACE, LP, a (an) FOREIGN  
limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is \$ 20,000.00
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 1,000.00

*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 17th day of MAY, 2004.

Carolyn C. Tucker **SECRETARY**  
TRINITY MANAGEMENT INC. General Partner

STATE OF NORTH CAROLINA

COUNTY OF CABARRUS

On this 17th day of MAY, 2004,

CAROLYN C. TUCKER, personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of \_\_\_\_\_

Erin O. Marco  
(Notary Public Signature)

ERIN O. MARCO

(Notary's Printed Name)

Seal

My Commission Expires:

9/10/06