

BU400000042 D

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

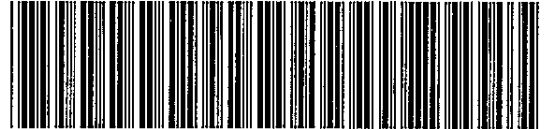
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

[Handwritten signature]



UCC FILING & SEARCH SERVICES, INC.
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Tallahassee, Florida 32301
(850) 681-6528

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978777

October 1, 2004

CORPORATION NAME (S) AND DOCUMENT NUMBER (S):

Hyperion Apartments I Limited Partnership

Filing Evidence

- ☐ Plain/Confirmation Copy
- ☒ Certified Copy

Retrieval Request

- ☐ Photocopy
- ☐ Certified Copy

Type of Document

- ☐ Certificate of Status
- ☒ Certificate of Good Standing
- ☐ Articles Only
- ☐ All Charter Documents to Include
Articles & Amendments
- ☐ Fictitious Name Certificate
- ☐ Other

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non Profit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of RA Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Reports
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation
<input type="checkbox"/>	Reinstatement

REGISTRATION/QUALIFICATION	
<input checked="" type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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

1. Hyperion Apartments I Limited Partnership, a Texas limited partnership
(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. Texas 4. March 22, 1996
(State of Formation) (Date of Formation)

5. NRAI Services, Inc.
(Name of Registered Agent for Service of Process)

6. 526 East Park Avenue
(Street Address of Registered Office)

Tallahassee, Florida 32301
(City) (Zip Code)

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

AG sm Hand ASST sec
(Agent must sign on this line)

8. NRAI Services, Inc.
526 E. Park Avenue, Tallahassee, Florida 32301
(Address of registered office required in state of formation or, if not required, address of principal office.)

9. NAMES OF GENERAL PARTNERS	STREET ADDRESS
<u>Hyperion Apartments, Inc., a Texas corporation</u>	<u>c/o Sentinel Real Estate Corporation</u> <u>1251 Avenue of the Americas, 35th Fl.</u> <u>New York, New York 10020</u>

F04000005591

10. Sentinel Real Estate Corporation, 1251 Avenue of the Americas, 35th Fl., NY, NY 10020
(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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CLERK OF STATE

12. c/o Sentinel Real Estate Corporation

1251 Avenue of the Americas, 35th Floor, New York, New York 10020

(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 30 day of September, 2004.

Hyperion Apartments, Inc., a Texas corporation

By: Leland J. Roth General Partner Name: Leland J. Roth
Title: Treasurer

STATE OF NEW YORK

COUNTY OF NEW YORK

On this 30 day of September, 2004.

Leland J. Roth, personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

Patricia A. Conlon
(Notary Public Signature)

PATRICIA A CONLON
(Notary's Printed Name)

Seal

My Commission Expires: August 31, 2005

PATRICIA A. CONLON
Notary Public, State of New York
No. 01CO4508481
Qualified in Bronx County
Commission Expires August 31, 2005

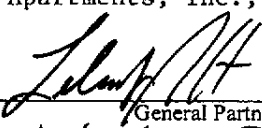
AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared Leland J Roth, Treasurer Hyperion
~~Vice President of~~ Apartments, Inc.,
a general partner of Hyperion Apartments I Limited Partnership a Texas corporation
, a(an) Texas
limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is \$ 3,700,000
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 3,700,000

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 30 day of September, 2004.
Hyperion Apartments, Inc., a Texas corporation

By: 
General Partner
Name: Leland J. Roth
Title: Treasurer

STATE OF NEW YORK

COUNTY OF NEW YORK

On this 30 day of September, 2004,

Leland J. Roth, personally appeared before me,

- ☒ who is personally known to me
☐ whose identity I proved on the basis of _____


(Notary Public Signature)

PATRICIA A CONLON
(Notary's Printed Name)

Seal My Commission Expires: August 31, 2005

PATRICIA A. CONLON
Notary Public, State of New York
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