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Florida Department of State  
Division of Corporations  
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## FLORIDA/FOREIGN LP/LLP

Crownridge, A California Limited Partnership

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**APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR  
LIMITED LIABILITY LIMITED PARTNERSHIP  
TO TRANSEACT BUSINESS IN FLORIDA**

1. CROWN RIDGE, A California Limited Partnership

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)

Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.

Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P., or L.L.P.

(If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact business in Florida; must contain acceptable suffix.)

2. CA

(State or Country of Formation)

3. 05/21/90

(Date of Formation)

4. CT Corporation System

(Name of Registered Agent for Service of Process)

5. 1200 South Pine Island Road, Pompano Beach, Florida 33324

(Florida street address for Registered Agent)

6. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

CT Corporation System

By: Jennifer Quinn

Signature of Registered Agent

Jennifer Quinn  
Assistant Secretary

7. 9198 Greenback Lane, Suite 115, Orangevale, CA 95662

(Principal office address)

8. If limited partnership is a limited liability limited partnership, check box ☐

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9. 9198 Greenback Lane, Suite 115, Orangevale, CA 95662  
(Mailing address)

10. Name, principal office address, and mailing address of each general partner.

DALE A. WILLIAMS  
(Name)

9198 Greenback Lane, Suite 115  
(Street Address)  
Orangevale, CA 95662

9198 Greenback Lane, Suite 115  
(Mailing Address)  
Orangevale, CA 95662

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(Mailing Address)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Street Address)

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(Mailing Address)

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(Name)

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(Street Address)

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(Mailing Address)

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_____	_____
(Name)	(Street Address)
_____	_____
_____	_____
_____	(Mailing Address)
_____	_____
(Name)	(Street Address)
_____	_____
_____	(Mailing Address)
_____	_____

11. Effective date, if other than the date of filing: \_\_\_\_\_

*(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)*

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this 12 day of July 2006

Signature of a general partner:

*[Signature]*

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<b>Filing Fees:</b>	<b>\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)</b>
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<b>Certificate of Status (optional):</b>	<b>\$8.75</b>

**State of California  
Secretary of State**

**CERTIFICATE OF GOOD STANDING  
CALIFORNIA LIMITED PARTNERSHIP**

I, BRUCE McPHERSON, Secretary of State of the State of California, hereby certify:

That on the 2nd day of May, 1990, CROWNRIDGE A CALIFORNIA LIMITED PARTNERSHIP, became recognized under the laws of the State of California by filing its certificate of Limited Partnership in this office; and

That according to the records of this office, the said limited partnership is authorized to exercise all its powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition, business activity or practices of this limited partnership.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of July 7, 2006.



**BRUCE McPHERSON**  
Secretary of State