

B06000000475

Florida Department of State

Division of Corporations

Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H06000298305 3)))



H060002983053ABC0

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5926

RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 DEC 19 PM 4:28

FLORIDA/FOREIGN LP/LLP

Ginn-LA West FM Ltd., LLLP

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$1,000.00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 DEC 19 PM 1:08

Electronic Filing Menu

Corporate Filing Menu

Help

FILED
06 DEC 19 PM 1:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1. Ginn-LA West FM Ltd., LLLP

(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 LLLP.

(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. Georgia

(State or Country of Formation)

3. December 15, 2006

(Date of Formation)

4. CT Corporation System

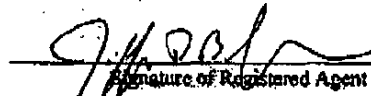
(Name of Registered Agent for Service of Process)

5. 1200 South Pine Island Road

(Florida street address for Registered Agent)

Plantation, FL 33324

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.


Signature of Registered Agent

Jeffrey D. Butterfield
Assistant Secretary

7. 215 Celebration Place, Suite 200

(Principal office address)

Celebration, FL 34747

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

9. 215 Celebration Place, Suite 200

(Mailing address)

Celebration, FL 34747

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

Ginn-West FM GP, LLC

(Name)

MO6-7038

(Name)

(Name)

(Name)

215 Celebration Place, Suite 200

(Street Address)

Celebration, FL 34747

(Mailing Address)

(Street Address)

(Mailing Address)

(Street Address)

(Mailing Address)

(Street Address)

(Mailing Address)

_____ (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 19th day of December, 2006

Signature of a general partner:
Ginn West FM GP, LLC

By: John R. Krumpholtz, Executive Vice President

Filing Fees:	\$1,000.00 (5065 Filing Fee and 335 Registered Agent Fee)
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75

FILED
 06 DEC 19 PM 1:08
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Control No. 08108455

STATE OF GEORGIA

Secretary of State

Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Cathy Cox, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

GINN-LA WEST FM LTD., LLLP

Domestic Limited Partnership

was formed or was authorized to transact business on 12/15/2006 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 15th day of December, 2006

A handwritten signature in cursive script, appearing to read "Cathy Cox".

Cathy Cox
Secretary of State

Certification Number: 441399-1 Reference:
Verify this certificate online at <http://corp.sos.state.ga.us/corp/soskb/verify.asp>