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(Re	equestor's Name)		
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PICK-UP	☐ WAIT	MAIL		
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Certified Copies	Certificate	es of Status		
Special Instructions to Filing Officer:				





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SECRETARY OF STATE



CT 1203 Governors Square Blvd. Tallahassee, FL 32301-2960 850 222 1092 tel 850 222 7615 fax www.ctlegalsolutions.com

February 5, 2007

Department of State, Florida Clifton Building 2611 Executive Center Circle Tallahassee FL 32301

Re: Order #: 6845309 SO

Customer Reference 1: 16133-51048

Customer Reference 2:

Dear Department of State, Florida:

Please file the attached:

Ginn-LA Gladys Fork Ltd., LLLP (GA) Registration Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to the attention of the undersigned.

If for any reason the enclosed cannot be filed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Jennifer Murphy Fulfillment Specialist

jennifer.murphy@wolterskluwer.com

OTERS & M. 2:3

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP TO TRANSACT BUSINES IN FLORIDA

Ginn-LA Gladys Fork Ltd., LLLP

OR THE STATE OF TH (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.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.)

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7.	_	~ ~	3	

3. February 1, 2007

(State or Country of Formation)

(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 an accept the obligations of my position as registered agent.

7. 215 Celebration Place, Suite 200

(Principal office address)

Celebration, FL 34747

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

Page 1 of 3

9. 215 Celebration Place, Suit	te 200
Celebration, FL 34747	ng audicos)
10. Name, principal office address, and ma	ailing address of each general partner:
Ginn-Gladys Fork GP, LLC (Name) N 07 00000631	215 Celebration Place, Suite 200 Celebration, FL 34747
	(Mailing Address)
(Name)	(Street Address)
	(Mailing Address)
(Name)	(Street Address)
	(Mailing Address)
(Name)	(Street Address)
	(Mailing Address)

Page 2 of 3

(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 no filed by the Florida Department of S	or more than 90 days after the date this document is state.)
to the delivery of this application to	ence duly authenticated, not more than 90 days prior the Florida Department of State, by the Secretary of y of the entity's records in the jurisdiction under the
Signed this/Stday of	February
Signature of a general partner: Ginn-Gladys Pork SP LLC	
By John P. Mamph, Executive Vice P.	resident
Filing Fees: Certified Copy (optional): Certificate of Status (optional):	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) \$52.50 \$8.75

Page 3 of 3

Control No. 07009550

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, Karen C Handel, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

GINN-LA GLADYS FORK LTD., LLLP

Domestic Limited Partnership

was formed or was authorized to transact business on 02/01/2007 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 1st day of February, 2007

> Karen C Handel Secretary of State

faun Chandel

Certification Number: 631391-1 Reference:

Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp