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.

(((H07000096501 3)))



H070000985013ABC

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 : M. BURR KEIM COMPANY Account Number : 119990000242

Phone : (215)563-8113

Fax Number : (215) 977-9386

2001 APR 12 P 12: 49
SECRETARY OF STATE

RECEIVED

7 APR 12 PM 3:28

SECRETARY CF STATE:
ALL ALASSEE, FLORIDA

FLORIDA/FOREIGN LP/LLP

KORMAN RIVER CHASE, LP

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$1,008.75

AL.

Electronic Filing Menu

Corporate Filing Menu

Help

(((H07000096501 3)))

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

1. KORMAN RIVER CHASE, LP

(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.

or LLLP.	•	
(If name unavailable, name under which the limited partnership or limited liability limited proposes to register to transact business in Florida; must contain acceptable su		hip
2. Pennsylvania 3. April 4, 2007		
(State or Country of Formation) (Date of Formation)		
4. W. Bradley Munroe, Esquire	•	
(Name of Registered Agent for Service of Process)		
_{5.} 239 E. Virginia Street	7.	
(Florida street address for Registered Agent)	-E	
Tallahassee, FL 32301	£≅ £	2>
	AZ AZ	ئد
6. I hereby accept the appointment as registered agent and agree to act in this capacity. comply with the provisions of all statutes relative to the proper and complete performance	I further og	rei G
and I am familiar with an accept the obligations of my position as registered agent.	oh with Hilliam	"
1600	50	<u>~</u>
W. Y. Sudlehrunnen	ATE	61
Signature of Registered Agent	Ď, ,	٩
7. Two Neshaminy Interplex, Suite 301, Trevose, PA	19053	
(Principal office address)		
8. If limited partnership is a limited liability limited partnership, check box		
Page 1 of 3		
		

(((H07000096501 3)))

(((H07000096501 3)))

RMAN RIVER (CHASE, LLC	iling address of each general partner: Two Neshaminy Interplex, Sui	te
(Name)		Trevose, PA 19053	_
•	4		-
		(Mailing Address)	_
	and the second of the second o		
(Name)	• • • • • • • • • • • • • • • • • • • •	(Street Address)	-
		ECRE AH	
		(Mailing Address) ↑ △	-
		1 J	
(Name)		(Street Address)	
		OA 9	_
		(Mailing Address)	-
(Name)		(Street Address)	_

Page 2 of 3

(((H07000096501 3)))

(((но7000096	501 3)))			
	for the world				
(Name)			(Street Address)		
			(Mailing Address)		_
(Name)	· · · · · · · · · · · · · · · · · · ·		(Street Address)		_
	<u>.</u>		(Mailing Address)		_
				4	
) I. Effective date, if other than th	e date of filings			SE(IR	300
(Effective date cannot be pri filed by the Florida Departn	ior to nor more i nent of State.)	han 90 days	after the date this	ARE 12 ACCUMENT 18 ACCUMENT 1	
12. Attached is a certificate to the delivery of this applic State or other official having law of which it is organized.	ation to the Plor g custody of the	ida Departros	int of State, by the	Secretary of	•
Signed this// /k	_day of Ap	ril	20 20	<u>07_</u> .	
Signature of a general partn	er:				
		-	•		
Elling Page	\$1.000	1.00 (29 65 Filis	ne Pee and \$35 Regist	ered Agent Foc)

Page 3 of 3

(((H07000096501 3)))

Certified Copy (optional): Certificate of Status (optional): (((H07000096501 3)))

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

APRIL 6, 2007

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT.

KORMAN RIVER CHASE, LP

is duly registered as a Limited Partnership under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the data herein.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Secretary of the Commonwealth

Cartification Number; 6624328-1
Verify this cartificate online at http://www.corporations.state.ps.us/corp/soukb/verify.asp