



Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850) 617-6383

From:

Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A.

Account Number : 076077001702 Phone : (407)841-1200

Phone : (407)841-1200 Fax Number : (407)423-1831

DO JAN -9 AM 9: 30 SECRETARY OF STATE ALLAHASSEE, FLORIC

FLORIDA/FOREIGN LP/LLLP

. Franklin Square Holdings, L.P.

HW-9 AN 6:53

 Certificate of Status
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 Certified Copy
 1

 Page Count
 04

 Estimated Charge
 \$1,052.50

JVH 204/3/30230

Electronic Filing Menu

Corporate Filing Menu

T. CLINE

JAN 1 0 2008

EXAMINER

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

_{1.} Franklin Square Holdings, L.P.		·
(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.)	,	
_{2.} Pennsylvania <u>3.</u> 05/01/2007		
(State or Country of Formation) (Date of Formation)		
4. Dean Mead Services, LLC		
(Name of Registered Agent for Service of Process)	_	
_{5.} 800 N. Magnolia Avenue, Suite 1500		
(Florida street address for Registered Agent)	_	
Orlando, FL 32803		
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; read and I am familiar with an accept the obligations of my position as registered agent.	2008 JAN	
Joseph J. Va. Lleyde II Signature of Registered Agent	6- M	
7. 801 N. Orange Avenue, Suite 815	1.3	erya theris i ery ery ery
(Principal office address)	9. 3 A. 3	
Orlando, FL 32801 😅	33 7E	

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

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9 801 N. Orange Ave., Suite			
·	ing address)	•	
Orlando, FL 32801			
10. Name, principal office address, and ma	ailing address of each general partner:		
Franklin Square Holdings G.P., LLC	801 N. Orange Ave., Suite	815	
(Name)	Orlando, FL 32801		
(Name) 145	801 N. Orange Ave., Suite 8	315	
	Orlando, FL 32801		
(Name)	(Street Address)		
	(Mailing Address)	2000 JAN -	~
	TAR ASS	19	Part
(Name)	(Street Address)	= 1	-
•	(Mailing Address)	AM 9: 33	
(Name)	(Street Address)		
	(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 tfled by the Florida Department of State.)	han 90 days after the date this document is
	y authenticated, not more than 90 days priorida Department of State, by the Secretary of entity's records in the jurisdiction under the
Signed this 8th day of J Signature of a general partner: By: Michael Forman	anuary ,20 08
Filing Fees: \$1,000 Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75	.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

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COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

OCTOBER 31, 2007

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

FRANKLIN SQUARE HOLDINGS, L.P.

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 date 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