Document Number Only

B95000000361

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 OCT 10 PM 2:09

C T CORPORATION SYSTEM
Requestor's Name
660 East Jefferson Street
Address
Tallahassee, Florida 32301
City State Zip Phone
904-222-1092

100001611521
-10/16/95--01024--027
***1785.00 ***1785.00

CORPORATION(S) NAME

Silverleaf Suites - Kirkman, L.P.
cross ref.
Silverleaf Suites- Kirkman, L.P. (Ltd)

B95000002038

( ) Profit
( ) NonProfit
( ) Limited Liability Company
(X) Foreign
( ) Limited Partnership
( ) Reinstatement
( ) Certified Copy
( ) Call When Ready
(X) Walk In
( ) Mail Out

( ) Amendment
( ) Dissolution/Withdrawal
( ) Annual Report
( ) Reservation
( ) Photo Copies
( ) Call if Problem
( ) Will Wait

( ) Merger
( ) Mark
( ) Other
( ) Change of R.A.
( ) Fictitious Name
( ) CUS G/S
( ) After 4:30
(X) Pick Up

Name Availability DT
Document Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

10/16/95 3:00
10/12/95

PLEASE RETURN EXTRA COPY(S)
FILE STAMPED

C. TAX
FILING 175.00
R. AGENT FEE 35.00
C. COPY 12.50
TOTAL
N. BANK
BALANCE DUE
REFUND

file 2nd

CR2E031 (1-89)

Florida Department of State, Jim Smith, Secretary of State

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 OCT 10 PM 2:10

APPLICATION BY FOREIGN LIMITED PARTNERSHIP FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

1. Silverleaf Suites-Kirkman, L.P.
(Name of limited partnership as it is in the home state;

2. SilverLeaf Suites - Kirkman, L.P. (Ltd.)
(If name is unavailable, name under which the limited partnership proposes to register or transact business in Florida; must contain the word "LIMITED" or "LTD.")

3. Georgia
(State of Formation)

4. October 4, 1995
(Date of Formation)

5. C T CORPORATION SYSTEM
(Name of Registered Agent for Service of Process)

6. c/o C T Corporation System, 1200 South Pine Island Road
(Street Address of Registered Office)

Plantation, Florida 33324
(City) (Zip Code)

7. Acceptance by the Registered Agent for Service of Process.

(Officer must sign on this line)

ALLAN FARNELL, ASSISTANT SECRETARY
(Type or Print Name and Title of Officer)

8. 6640 Powers Ferry Road, Suite 200, Atlanta, Georgia 30339
(Address of Registered Office required in State of Formation or, if not required, Address of Principal Office.)

9. NAME OF GENERAL PARTNERS	SPECIFIC ADDRESS
The Stonemark Group, Inc. P95000104893	6640 Powers Ferry Road Suite 200 Atlanta, Georgia 30339

10. 6640 Powers Ferry Road, Suite 200, Atlanta, Georgia 30339
(Office where Names, Addresses and Contributions of Limited Partners are kept.)

11. The limited partnership will undertake to keep the records listing the addresses and capital contributions of the limited partner or limited partners until the limited partnership's registration in Florida is cancelled or withdrawn.

12. 6640 Powers Ferry Road, Suite 200, Atlanta, Georgia 30339
(Mailing Address of Limited Partnership)

(FLA. - LP 2819 - 2/1/92)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 OCT 10 PM 2:10

This 9th day of October, 1995.

GENERAL PARTNER:
THE STONEMARK GROUP, INC., a Georgia corporation

By: _____

STATE OF

COUNTY OF

President of The Stonemark Group, Inc., a Georgia corporation, The General Partner

THE FOREGOING instrument was acknowledged and sworn to before me this 6 day of October, 19 95, by Albert L Scott (Name of General Partner) of SilverLeaf Suites - Kirkman, L.P. (Name of Limited Partnership), A Georgia (State or Country) Limited Partnership, on behalf of the Limited Partnership.

Flora D Perkins
Notary Public
State of Georgia at Large

(SEAL)

My Commission Expires:

FLORA D. PERKINS NOTARY PUBLIC GEORGIA COBB COUNTY

(FLA. - LP 2819)

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME the undersigned personally appeared Albert L. Scott, Jr. President of The Stonemark Group, Inc., a Georgia corporation, the partner of SilverLeaf Suites - Kirkman, L.P., a limited Georgia limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

FILED
SECRETARY OF STATE
CORPORATIONS DIVISION
95 OCT 10 PM 2:10

1. The amount of capital contributions of the limited partners is $ 1,250,000.00.

2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is $ 1,250,000.00.

This 10th day of October, 1995.

FURTHER AFFIANT SAYETH NOT.

Under penalties of perjury I declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

THE STONEMARK GROUP, INC., a Georgia corporation

By: A. Scott, President
General Partner

State of Georgia
County of Cobb
Date October 11, 1995

BEFORE ME, the undersigned officer, a Notary Public authorized to administer oaths and to take acknowledgments in and for the State and County set forth above, personally appeared Albert L. Scott, Jr. President of The Stonemark Group, Inc., a Georgia corporation, the General Partner, known to me and known by me to be the person who executed the foregoing Affidavit of Capital Contributions, and he acknowledged to me and before me that he executed this Affidavit as President of the General Partnership.

IN WITNESS WHEREOF I have hereunto set my hand and affixed my official seal, in the State and County aforesaid, this 11 day of October, 1995.

Flora D. Perkins
Notary Public

Seal

FLORA D. PERKINS NOTARY PUBLIC GEORGIA COBB COUNTY

State of Georgia at Large

My commission expires: _____

FILE NO. OR EXPLORE DECEMBER 31, 1995 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND $500 PENALTY FEE

B95000000361

FILED
1995 NOV 30 AM 10:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Name of Limited Partnership
SilverLeaf Suites-Kirkman, L.P.

1a. DOCUMENT #
B95000000361

2. New Mailing Address, if Applicable

Suite, Apt. #, etc.

City, State & Zip

2a. New Principal Office Address, if Applicable

Suite, Apt. #, etc.

City, State & Zip

Mailing Address
6640 Powers Ferry Road
Suite 200
Atlanta, GA 30339

Principal Office Address
6640 Powers Ferry Road
Suite 200
Atlanta, GA 30339

If above addresses are incorrect in any way, line through the incorrect information and enter correct address in Block 2 and/or 2a

300001653523
-12/05/95--01110--008
****576.25 ****576.25

3. Date Formed or Registered to Do Business in FLORIDA
10/10/95

3a. Date of Last Report
N/A

4. State or Country of Formation
Georgia

5a. Capital Contributions as Shown on Record
$1,250,000

5b. Amount of Capital Contributions in FLORIDA to date

6. FEI Number
58-2196838

Applied For

Not Applicable

7. CERTIFICATE OF STATUS REQUIRED ☐ [redacted]

8. FEES: 1) Filing Fee Computed at a rate of $7 per $1,000 on amount entered in 5b or 5a if 5b blank, with a minimum filing fee of $52.50 and a maximum of $437.50
2) Supplemental Fee $138.75 (pursuant to section 607.193, F.S.)
THE AMOUNT DUE SHALL BE NO LESS THAN $191.25 ($52.50 + $138.75) AND NO MORE THAN $576.25 ($437.50 + $138.75)
Note: If the amount entered in 5b is greater than amount entered in 5a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee
MAKE CHECK PAYABLE TO FLORIDA DEPT. OF STATE

9. Name and Address of Current Registered Agent
CT Corporation
1200 South Pine Island Road
Plantation, Florida 33324

10. If changed, new Registered Agent/Office
Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

FL

Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
The Stonemark Group, Inc.	6640 Powers Ferry Road Suite 200	Atlanta, GA 30339	F95000004893

AR - $437.50
SF - $138.75

12-1-95a

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath; I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE _____

Typed or Printed Name of General Partner Signing Form: ALBERT SCOTT

DATE 11/21/95

Telephone Number 770-952-4090

CR2E003 (6/95)