

**B96000000099**

CORPORATE ACCEPTS, INC  
1100 THOMASVILLE RD  
TALLAHASSEE, FL 32303  
(904) 221-8100 Director's Name

Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ Phone # Florida

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. Ocean One, Ltd  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
96 MAR 12 AM 10:46

☒ Walk in    ☒ Pick up time 3/12/96 11:00    ☒ Certified Copy 600001744436  
☐ Mail out    ☐ Will wait    ☐ Photocopy    ☒ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input checked="" type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

S. TAX 2.75  
 FILING 1,750.00  
 R. AGENT 35.00  
 C. COPY 52.50  
 TOTAL 2,184.25  
 N. DARS. \_\_\_\_\_  
 BALANCE DUE \_\_\_\_\_  
 RECEIVED \_\_\_\_\_

96 MAR 12 10:30

3/12/96

Examiner's Initials 3/11

Florida Department of State, Sandra B. Mortham, Secretary of State

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

1. OCEAN ONE, LTD.  
(Name of limited partnership as it is in the home state)

2. ROSE OCEAN ONE, 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. KENTUCKY 4. 03/08/96  
(State of Formation) (Date of Formation)

5. CORPORATE ACCESS  
(Name of Registered Agent for Service of Process)

6. 1116-D THOMASVILLE ROAD  
(Street Address of Registered Office)

TALLAHASSEE, Florida 32303  
(City) (Zip Code)

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

*James L. Rose, pres.*  
(Agent must sign on this line)

8. 2942 FOUR PINES DRIVE, LEXINGTON, KENTUCKY 40502  
(Address of registered office required in state of formation or, if not required, address of principal office.)

9. NAMES OF GENERAL PARTNERS STREET ADDRESS

JAMES L. ROSE 2942 FOUR PINES DRIVE, LEXINGTON, KY 40502

10. 2942 FOUR PINES DRIVE, LEXINGTON, KY 40502  
(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.

CONTINUED

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MAR 12 4 10 PM '96  
DIVISION OF CORPORATIONS

12. 2942 FOUR PINES DRIVE

LEXINGTON, KY 40502

(Mailing Address of Limited Partnership)

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

This day of 7<sup>th</sup>, March, 19 96

JAMES L. ROSE, General Partner

STATE OF Florida

COUNTY OF Martin

On this 7<sup>th</sup> day of March, 19 96, JAMES L. ROSE

personally appeared before me,

☐ who is personally known to me

☒ whose identity I proved on the basis of

Kentucky Drivers License # R92265797



JOSEPH PAQUETTE  
My Comm Exp. 2/23/99  
Bonded By Service Ins  
No. CC441494

☐ Personally Known ☒ Other I.D.

Joseph Paquette  
(Notary Public Signature)  
Joseph Paquette  
(Notary's Printed Name)

Seal

My Commission Expires: 2 23 99

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NOTARIES  
DIVISION  
MAR 12 10:10 AM '96

**AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR FOREIGN LIMITED  
PARTNERSHIP**

BEFORE ME the undersigned personally appeared JAMES L. ROSE,  
a general partner of OCEAN ONE, LTD., a (an) FOREIGN limited partnership,  
hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is \$ 1,980,000.00
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 1,980,000.00

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

This 7<sup>th</sup> day of March, 19 96.

JAMES L. ROSE, General Partner

STATE OF Florida

COUNTY OF Marion

On this 7<sup>th</sup> day of March, 19 96, JAMES L. ROSE

personally appeared before me,

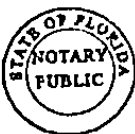


who is personally known to me



whose identity I proved on the basis of \_\_\_\_\_

Kentucky Drivers License # R92265777



JOSEPH PAQUETTE  
My Comm Exp. 2/23/99  
Bonded By Service Ins  
No. CC441494  
11 Perennially Known Notary P.D.

Joseph Paquette  
(Notary Public Signature)

Joseph Paquette  
(Notary's Printed Name)

Seal

My Commission Expires: 2. 23 99

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