**Document Number Only** POR UL CAPORATION Requestor's Name 660 EAST JEFFERSON STREET Address TALLAHASSEE 32301 222-1092 City State Phone **CORPORATION(S) NAME** Muraco L.P Paltaeish A () Profit () Merger 🙃 () Amendment () NonProfit () Limited Liability Company () Dissolution/Withdrawal () Mark () Foreign () Annual Report () Other Limited Partnership () Reinstatement () Reservation () Change of R.A. () Fictitious name Filing () Certified Copy () Photo Coples () CUS () After 4:30 () Call When Ready () Call if Problem Pick Up Walk In Mail Out Name Avallability PLEASE RETURN EXTRA COPIES 5/13/14 Document FILE STAMPED Examiner Updater FILING \_\_\_\_\_\_ Verilier A ABOM FEE \_ 35EU Acknowledgment C (0087 \_\_\_\_\_\_ FOTAL \_\_\_\_ W.P. Verifier N. BANK .... BALANCE DUE . CR2E031 (1-89) ?FFLHND \_\_

## Florida Department of State, Jim Smith, Secretary of State

## APPLICATION BY FOREIGN LIMITED PARTNERSHIP

FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA	.0	GIVI S
1. Murneo, L.P.	Ϋ́	55
(Name of limited partnership as it is in the home state;		25 pt
2. Murneo, Limited Partnership	<b>4</b>	``د <i>ے و</i>
(If name is unavailable, name under which the limited partnership proposes to transact business in Florida; must contain the word "LIMITED" or "LTD.")	regis	ter or
3. Delaware 4. May 9 , 1996		
(State of Formation) (Date of Formation)	ation)	
5 C T CORPORATION SYSTEM		
(Name of Registered Agent for Service of Process)		<del> · _ ,</del>
6	5.7 _1604q	DI SE
Plantation , Florida 33324	=======================================	모음
(City) (Zip Code)	- <u>-</u>	위털뉴
7. Acceptance by the Registered Agent for Service of Process.	PX	
Maic C. Si	=======================================	225 225 225 225 225 225 225 225 225 225
(Officer must sign on this line) Marilyn Riggs, Sec./Treas., ARR-MAZ Management Company	<del>-</del>	<u> </u>
(Type Name and Title of Officer)		····
8. Corporation Trust Center, 1209 Orange St., Wilmington, DE 19801		
(Address of Registered Office required in State of Formation or, if not required Principal Office.)	d, Add	dress o
9. NAME OF GENERAL PARTNERS SPECIFIC ADDRES	S	
ARR-MAZ Management Company 621 Snively Ave.	621 Snively Ave.	
F440000468 Winter Haven, FL	33880	)
10621 Snively Ave., Winter Haven, FL 33880		
(Office where Names, Addresses and Contributions of Limited Partners	are k	ent.)
11. The limited partnerhsip will undertake to keep the records listing the add capital contributions of the limited partner or limited partners until the limited paregistration in Florida is cancelled or withdrawn.	resses	s and
12. 621 Snively Ave., Winter Haven, FL 33880		
(Mailing Address of Limited Partnership)		

This // ARR MAZ Management Compa	pril , 19 <sup>96</sup> .	<u> </u>	بهدایس موروز ماکد در سا
By: 27/412 6	Sign	*	
General Partner Title: Sec./Treasurer			- Fi
Namo: Marilyn Riggs			5 5
STATE OF			·
COUNTY OF			
THE FOREGOING instrument wi			
of April , 19 96 , by Mari ARR-MAZ Management Company,		_(Name of General Pa .P.	irther) of
(Name of Limited Parntership),	A Delaware	(State or Country)	Limited
Partnerhsip, on behalf of the Lin	nited Partnership.	96	SS
D. arlene a	Lama	E1 AYN	
Notary Public			
State of Flori	d/1- at Large	7	3340 200
(SEAL)	My Commission Expires:	]: <b>L</b> 7	RATION
	<del></del>		Ö

D. ARLENE ADAMS
MY COMMISSION # DC 245789 EXPIRES
November 27, 1996
804020 Tirbu Trin Fam Insurance, MD.

## **AFFIDAVIT OF CAPITAL CONTRIBUTIONS**

Marilyn Riggs, Vice President BEFORE ME, the undersigned, personally appeared of ARR-MAZ Management Company, a general partner of Murnco, L.P., a (an)- Delaware limited partnership, hereinafter referred to as the "Partnership", who
Delayare , limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:
1. The amount of capital contributions of the limited partners is \$ 990.00
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 990.00
This
FURTHER AFFIANT SAYETH NOT.
Under penalties of perjury I declare that I have read the foregoing and that the facts are true, to the best of my knowledge and belief.
General Partner  ARR-MAZ Management Company  By:  Title: Sec./Treasurer
STATE OFIllinois COUNTY OFcook DATEApril, 1996
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 <a href="Marilyn Riggs">Marilyn Riggs</a> , V.P., ARR-MAZ Mgt. Co. (General Partner, known to me and known by me to be the person who executed the foregoing Affidavit of Capital Contributions, and We she acknowledged to me and before me that he executed this Affidavit as General Partner of said partnership.
IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the State and County aforesaid, this day ofApril, 1996
Cruing Mi Crohon
Seal CRAIG McCROHON  Notary Public State of Illinois  Not Commission Expires:  Ny Commission Expires:
My Commission Emires act 28, 1996