,0001000227 A ATTORNEY SERVICE BUREAU, INC. (Requestor a Name) + 5 Havs Street, Suite 2 (Address) . . . Labassee, FL 32301 (904) 656-3992 OFFICE USE ONLY (City, State, Zip) 4444735.00 3444735.00 159 60000002 27 CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): (Document #) (Corporation Name) 4 0 0 0 0 0 1 6:7'5:2'0:4 -06768736--01041--010 -+++++8:75 -++++48:75 (Corperation Name) (Document #) (Corporation Name) (Document #) Pick up time Certified Copy Certificate of Status Will wait Photocopy Mail out **NEW FILINGS AMENDMENTS** Profit Amendment IvonProfit Resignation of R.A., Officer/Director Lunited Liability Change of Registered Agent **Domestication** Dissolution/Withdrawal Li iax Other Merger FILING $P = \mathcal{Q}_{(KL,M)}$ REGISTRATION/ C COPY **OTHER FILINGS** QUALIFICATION I_{UIRI} Annual Report N. BANK Foreign BALANCE DUL_ **Fictitious Name** Limited Partnership PERINO_

Examiner's Initials

Frame Reservation

CR2E031(10/92)

Reinstatement Trademark

Other

TRANSMITTAL LETTER

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|-------------------|---|---|---------------|--|--|--|
| | or transmit a Lam Cont | wa | ~) | | | |
| TO | Qualification/Tax Lien Sect | ion | | | | |
| | Division of Corporations | | , FY 12: 05 | | | |
| | | | Ŕ | | | |
| suвл | ECT ORLANDON REALTY | COMPANY LIMITED PARTMERSHIP | Q | | | |
| | (Nam | e of gorpophing - must include suffix) I limit od - part nor ship | ינט | | | |
| | | timited partial sorp | | | | |
| Dear S | Sir or Madam: | | | | | |
| Florid foreign | a", "Certificate of Existence" n corporation to transact busi - I fulfied partnership | Limited Partnership ign Comparation for Authorization to Transact Business i , and check are submitted to register the above reference ness in Florida. | n d | | | |
| Please | return all correspondence co | ncerning this matter to the following: | | | | |
| | Howard | P. Satisky | | | | |
| | · · · · · · · · · · · · · · · · · · · | (Name of Person) | | | | |
| | Sat isk | v & Silverstein, L.L.P. | | | | |
| | | (Firm/Company) | | | | |
| | 900 Ridgefield Drive, Suite 250 | | | | | |
| | | (Address) | | | | |
| | Raleig | h, NC 27609 | | | | |
| | _ | (City/State/Zip) | | | | |
| Shoul | d you need to call someone c | oncerning this matter, please call: | | | | |
| | Howard P. Satisky | 919 790-9102 | | | | |
| | (Name of Person) | (Area Code & Daytime Telephone Ni | umber) | | | |
| | (Table of Carry) | | | | | |
| cou | RIER ADDRESS: | MAILING ADDRESS: | | | | |
| Divis: | fication/Tax Lien Sec. ion of Corporations . Gaines St nassee, FL 32399 | Qualification/Tax Lien Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 | | | | |

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

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

| ORLANDON REALTY COMPANY LIMIT | TED PARTNERSHIP |
|---|---|
| (Name of limited pa | rtnership as it is in the home state) |
| (if name is unavailable, name under which the li | imited partnership proposes to register or transact business in the word "LIMI'II:D" or "LTD.")? |
| North Carolina | June 17, 1996 |
| (State of Formation) | 4. June 18, 1996 (Date of Formation) |
| Danfel M. Hunter | |
| (Name of Register | ed Agent for Service of Process) |
| 243 West Park Ave., Sufte 101 | l |
| (Street Adds | ress of Registered Office) |
| Winter Park | , Florida 32789 |
| (City) | (Zip Code) |
| . Acceptance by the Registered Agent for | Service of Process. |
| • | |
| dranic m. hand | and the lines |
| | |
| | |
| g c/o Drucker & Falk; 7200 Ston | nebenge Dr., Suite 211; Raleigh, NC 27613 |
| (Address of registered office required in state | of formation or, if not required, address of principal office.) |
| (Address of registered office required in state . NAMES OF GENERAL PARTNERS | of formation or, if not required, address of principal office.) STREET ADDRESS |
| (Address of registered office required in state | of formation or, if not required, address of principal office.) STREET ADDRESS |
| (Address of registered office required in state NAMES OF GENERAL PARTNERS | of formation or, if not required, address of principal office.) STREET ADDRESS |
| (Address of registered office required in state NAMES OF GENERAL PARTNERS F966000051 | of formation or, if not required, address of principal office.) STREET ADDRESS |
| (Address of registered office required in state . NAMES OF GENERAL PARTNERS F966000051 ORLANDON/AVALON, INC., a | of formation or, if not required, address of principal office.) STREET ADDRESS 41 c/o Drucker & Falk 7200 Stonehenge Dr., Sulte 2 |

da is cancelled or withdrawn.

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| 12 Straight Straight | 2000 of medican Dr., Suffer 1914 Pa | |
|---|---|-------------------------------|
| | | σ, |
| | (Mailing Address of Limited Partnership) | 22 |
| Under penalties of perjury I, the contents thereof and that | being duly sworn, declare that I have read the facts stated herein are true and correct | the foregoing and know |
| This day of $\frac{1}{2}$, $\frac{1}{2}$ | June | 19_96 |
| | NDON/AVALON, INC., a North Carolina | a corporation |
| Bv: | to sold | David C. Falk, Sr., President |
| STATE OF Marth Ca | General Partner | |
| COUNTY OF <u>Lucke</u> | <i></i> | |
| On this/9 th day of | June , 1996, Da | tuid C. Falk, Sr. |
| personally appeared before me, | who is personally known to me | |
| . , | whose identity I proved on the b | asis of |
| | | |
| annone. | | |
| NOTARY | (Notary Public Sign | King- |
| PUBLIC | Joyce A. (Notary's Printed) | KING Name) |
| Seal | My Commission Expires: | -25-96 |

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR FOREIGN LIMITED PARTNERSHIP

| REFORE ME the understaned personal | ally appeared Paretal College, Section Pro- | then of ORLANDON/AVALON |
|---|--|---|
| | TY COMPANY SERSHIP , a (an) North Carolina | |
| hereinafter referred to as the "Partner. | | 55 JW 2 |
| 1. The amount of capital contributions | of the limited partners is \$ 100,000 | |
| 2. The anticipated amount of the capita | d contributions of the limited partners that a | re allocated for the |
| purposes of transacting business in Flo | | 9 20 20 20 20 20 20 20 20 20 20 20 20 20 |
| Under the penalties of perjury I, being | duly sworn, declare that I have read the for | regoing and know the |
| contents thereof and that the facts state | ed herein are true and correct. | |
| This 19 day of June ORLANDON/AN | VALON, INC., a North Carolina corpor | ration C. Falk, Sr., President |
| STATE OF Morth Cara | lina | |
| COUNTY OF Wakes | | _ |
| On this 19 th day of \tag{\tag{u}} | ne, 19 46. David (| C. Jack, Se |
| personally appeared before me | who is personally known to me | |
| Ţ | whose identity I proved on the basis of _ | |
| NOTARY NOTARY | (Notary Public Signated Notary's Printed Notary Public Signature (Notary Public Si | Li Ny ame) |
| Scal | My Commission Expires: | 25 96 |