

1201 HAYS STREET
TALLAHASSEE, FL 32301-2607

800-342-8086

904-222-0171

904-222-0171

B9600000036/1534



PROFESSIONAL
LEGAL & FINANCIAL SERVICES

ACCOUNT NO. : 072100000032

REFERENCE : 085157 4814233

AUTHORIZATION :

COST LIMIT : \$ FLPPD

ORDER DATE : September 13, 1996

ORDER TIME : 9:46 AM

ORDER NO. : 085157

CUSTOMER NO: 4814233

CUSTOMER: Ms. Linda Filer
Morris Manning & Martin
1600 Atlanta Financial Center
3343 Peachtree Road, N. E.
Atlanta, GA 30326

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 SEP 18 PM 12:08

300001957269
-09/26/96--01005--011
***1750.00 ***1750.00

FOREIGN FILINGS

NAME: WOODMERE, L.P.

RECEIVED
96 SEP 18 AM 11:40
DIVISION OF CORPORATIONS

XXXX QUALIFICATION (TYPE: LP)

300001957269
-09/26/96--01005--012
*****35.00 *****35.00

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Danny G. Smith

3/c 9/18/96
G. TAX
FILING 1750.00
R. AGENT FEE 35.00
C. COPY
TOTAL 1785.00
V. BANK
BALANCE DUE
REFUND



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

September 18, 1996

DANNY SMITH
CSC NETWORKS
TALLAHASSEE, FL

SUBJECT: WOODMERE, L.P.
Ref. Number: W96000019674

RESUBMIT

Please give original
submission date as file date

FILED
DIVISION OF CORPORATIONS
SEP 18 PM 12:08

We have received your document for WOODMERE, L.P. and check(s) totaling \$17850.00. However, your check(s) and document are being returned for the following:

The total amount required is \$1,785.00. (In addition to the \$1,750.00 filing fee, there is also a required \$35.00 R.A. designation fee.)

ALSO, NOTE that the Registered Agent MUST SIGN the acceptance statment in Item 7.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6914.

Buck Kohr
Corporate Specialist

Letter Number: 596A00043235

RECEIVED
96 SEP 19 11 10:07
DIVISION OF CORPORATIONS

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

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

FILED STATE
SECRETARY OF
DIVISION OF
CORPORATIONS
SEP 11 1996
PH 12 08

1. Woodmere, L.P.
(Name of limited partnership as it is in the home state)
2. Woodmere, 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 4. 9/11/96
(State of Formation) (Date of Formation)
5. Corporation Service Company
(Name of Registered Agent for Service of Process)
6. 1201 Hays Street, Suite 103
(Street Address of Registered Office)
Tallahassee, Florida 32301
(City) (Zip Code)
7. Acceptance by the Registered Agent for Service of Process.
Corporation Service Company
By: Patricia Pizzuto Patricia Pizzuto, as Agent
(Agent must sign on this line)
8. 1117 Perimeter Center W., Ste. E-300, Atlanta, Georgia 30338
(Address of registered office required in state of formation or, if not required, address of principal office.)
9. **NAMES OF GENERAL PARTNERS** **STREET ADDRESS**
174600000340.
Charter Club G.P., L.P. 1117 Perimeter Center W., Ste. E-300, Atl., GA 30338
The Club at Charter Point Corporation of Georgia 1819 Peachtree St., Ste. 520,
996000004766 Atlanta, GA 30309
10. 1117 Perimeter Center W., Ste. E-300, Atlanta, Georgia 30338
(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

FILED - STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
96 SEP 18 PM 12:08

12. 1117 Perimeter Center West, Suite E-300, Atlanta, GA 30338

(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 _____, 19_____,
Charter Club G.P., L.P., General Partner, by Charter, G.P., L.L.C.,
a Georgia limited liability company, its General Partner

By: _____

General Partner: Kelly T. Lindsley, Member

STATE OF GEORGIA

COUNTY OF FULTON

On this 16th day of September, 19 96, Kelly T. Lindsley

personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

(Notary Public Signature)
MARY W. Harris
(Notary's Printed Name)

Notary Public, Cobb County, Georgia
My Commission Expires Aug. 13, 2000

Seal

My Commission Expires: _____

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared Kelly T. Lindale

Member
a general partner of Charter Club G.P., L.L.C., a (Yan) Georgia limited liability company,
a Georgia limited liability company, a General Partner of Charter Club G.P., L.P., a Georgia limited partnership,
hereinafter referred to as the "Partnership", who certifies as follows:
limited partnership, a General Partner of Woodmere, L.P., a Georgia limited partnership

1. The amount of capital contributions of the limited partners is \$ 1,350,000.00
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 1,350,000.00

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 _____ day of September, 1996

Charter Club G.P., L.P., General Partner, by Charter, G.P., L.L.C., a Georgia limited liability company, its General Partner;

By: [Signature]
 Special Agent Kelly T. Lindsley, Member

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
26 SEP 18 PM 12:08

STATE OF GEORGIA

COUNTY OF FULTON

On this 11th day of September, 1996, Kelly T. Lindsley

personally appeared before me,

- ☒ who is personally known to me
- ☐ whose identity I proved on the basis of _____

MARY W. HARRIS
(Notary Public Signature)
MARY W. HARRIS
(Notary's Printed Name)

Seal

My Commission Expires: History Public, Cobb County, Georgia
My Commission Expires Aug. 12, 2000