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CT CORPORATION SYSTEM

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, FL 32301 222-1092

City

State

Zip

Phone

CORPORATION(S) NAME

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SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
96 NOV 20 PM 1:54

Summerbrook Gardens Associates L.P.

300002015219-16
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***1793.75 ***1793.75

- ☐ Profit
☐ NonProfit
☐ Limited Liability Co.

☐ Amendment

☐ Merger

☒ Foreign

☐ Dissolution/Withdrawal

☐ Mark

☒ Limited Partnership

☐ Annual Report

☐ Other ucc Filing

☐ Reinstatement

☐ Reservation

☐ Change of R.A.

☐ Fic. Name

☐ Certified Copy

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CR2E031 (1-89)

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TAX
FILING 1750.00
R. AGENT FEE 35.00
C. COPY CVS 8.75
TOTAL \$1,793.75
N. BANK
BALANCE DUE
OFFIND

BK

11/20/96

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

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

1. Summerbrook Gardens Associates, L.P.
(Name of limited partnership as it is in the home state)

2. Summerbrook Gardens Associates, L.P.
(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. Virginia
(State of Formation)

4. September 16, 1996
(Date of Formation)

5. CT Corporation System
(Name of Registered Agent for Service of Process)

6. 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.

Kevin J. Gallagher By: Kevin J. Gallagher, Asst. V.P.
(Agent must sign on this line)

8. 555 East Main Street, 17th Floor, Norfolk, Virginia 23510
(Address of registered office required in state of formation or, if not required, address of principal office.)

9. NAMES OF GENERAL PARTNERS

STREET ADDRESS

SBGA, L.L.C.

555 East Main Street, 17th Floor
Norfolk, Virginia 23510

10. c/o SBGA, L.L.C., 555 East Main Street, 17th Floor, Norfolk, Virginia 23510
(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

12. c/o SBGA, L.L.C.

555 East Main Street, 17th Floor, Norfolk, Virginia 23510

(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~~ This 18th day of November 19 96

SBGA, L.L.C.,
a Virginia limited liability company

By: [Signature]

~~General Partner~~
Jordan E. Slone, Manager of SBGA, L.L.C., General Partner

STATE OF Virginia

CITY
COUNTY OF Norfolk

On this 18th day of November, 19 96, Jordan E. Slone

personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

[Signature]
(Notary Public Signature)

Carma Criff
(Notary's Printed Name)

Seal

My Commission Expires: 10/31/99

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AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared Jordan E. Slone, Manager of SBGA, L.L.C.,
Summerbrook Gardens
a general partner of Associates, L.P., a (an) Virginia limited partnership,
hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is \$ 2,050,000.00.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 2,050,000.00.

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 18th day of November, 19 96.

SBGA, L.L.C.,
a Virginia limited liability company
By [Signature]

Jordan E. Slone, Manager of SBGA, L.L.C., General Partner

STATE OF Virginia
CITY _____
COUNTY OF North

On this 18th day of November, 19 96, Jordan E. Slone
personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

[Signature]
(Notary Public Signature)
Carma M. Griffin
(Notary's Printed Name)

My Commission Expires: 12/31/99

Seal

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