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SECRETARY OF CORPORATIONS  
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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

200002015762--2

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\*\*\*1793.75 \*\*\*1793.75

Kingsberry Gardens Associates, L.P.

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Profit                         | <input type="checkbox"/> Amendment              | <input type="checkbox"/> Merger             |
| <input type="checkbox"/> NonProfit                      |   |   |
| <input type="checkbox"/> Limited Liability Co.          |   |   |
| <input checked="" type="checkbox"/> Foreign             | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark               |
| <input checked="" type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report          | <input type="checkbox"/> Other ucc Filing   |
| <input type="checkbox"/> Reinstatement                  | <input type="checkbox"/> Reservation            | <input type="checkbox"/> Change of R.A.     |
|   |   | <input type="checkbox"/> Fic. Name          |
| <input type="checkbox"/> Certified Copy                 | <input type="checkbox"/> Photo Copies           | <input checked="" type="checkbox"/> CUS     |
| <input type="checkbox"/> Call When Ready                | <input type="checkbox"/> Call if Problem        | <input type="checkbox"/> After 4:30         |
| <input checked="" type="checkbox"/> Walk In             |   | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out                       |   |   |

Name
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CR2E031 (1-89)

11/20/96

PLEASE RETURN EXTRA COPIES  
FILE STAMPED

G. TAX \_\_\_\_\_  
FILING 1750.00  
R. AGENT FEE 35.00  
C. COPY CUS 9.75  
TOTAL 1793.75  
BANK \_\_\_\_\_  
BALANCE DUE \_\_\_\_\_  
FUND \_\_\_\_\_

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NOV 20 PM 12:57  
DIVISION OF CORPORATIONS

BK  
11/24/96



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

November 20, 1996

C T CORPORATION SYSTEM

TALLAHASSEE, FL

SUBJECT: KINGSBERRY GARDENS ASSOCIATES, L.P.  
Ref. Number: W96000024646

We have received your document for KINGSBERRY GARDENS ASSOCIATES, L.P. and check(s) totaling \$1793.75. However, your check(s) and document are being returned for the following:

Before this partnership can be filed, the corporate general partner must be qualified in Florida. We understand that you are in the process of accomplishing this.

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: 996A00052853

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96 NOV 22 AM 11:50  
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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**

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1. Kingsberry Gardens Associates, L.P.  
(Name of limited partnership as it is in the home state)
2. Kingsberry 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 4. November 13, 1992  
(State of Formation) (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

KGA, Inc.

555 East Main Street, 7th Floor  
Norfolk, Virginia 23510

10. c/o KGA, Inc., 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

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12. c/o KGA, Inc.

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.

18th day of  
This day of November, 19 96

KGA Inc.,  
a Virginia corporation

By [Signature]

X General Partner

Jordan E. Slone, President of KGA, Inc., 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 M. Griffin  
(Notary's Printed Name)

Seal

My Commission Expires: 10/31/99

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

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

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1. The amount of capital contributions of the limited partners is \$ 370,000.00.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 370,000.00.

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.

KGA, Inc.,  
a Virginia Corporation

By: [Signature]

~~General Partner~~

Jordan E. Slone, President of KGA, Inc., General Partner

STATE OF Virginia

CITY

COUNTY OF Stafford

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)

Seal

My Commission Expires: 10/31/99