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1201 HAYS STREET
TALLAHASSEE, FL 32301-1600
904 22-0071
904 22-0071 FAX

000 42 80 6



PREVENTIVE HALL
LEGAL & FINANCIAL SERVICES

ACCOUNT NO. : 072100000032

REFERENCE : 192554 4814233

AUTHORIZATION :

COST LIMIT : \$ PPD

ORDER DATE : December 17, 1996

ORDER TIME : 9:44 AM

ORDER NO. : 192554-005

CUSTOMER NO: 4814233

CUSTOMER: Deborah Walker, Legal Asst
Morris Manning & Martin
1600 Atlanta Financial Center
3343 Peachtree Road, N. E.
Atlanta, GA 30326

CM
600002035706--1
-12/23/96--01003--010
*****87.50 *****87.50

FOREIGN FILINGS

NAME: WORTHINGTON APARTMENTS LIMITED
PARTNERSHIP

FILED
95 DEC 18 PM 3:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

XXXX QUALIFICATION (TYPE: LP)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder

RECEIVED
95 DEC 18 PM 12:10
DIVISION OF CONSUMPTION

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

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

1. Worthington Apartments Limited Partnership
(Name of limited partnership as it is in the home state)
2. _____
(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. 12/17/96
(State of Formation) (Date of Formation)
5. CORPORATION SERVICE COMPANY
(Name of Registered Agent for Service of Process)
6. 1201 Hayn Street
(Street Address of Registered Office)
Tallahassee, Florida 32301
(City) (Zip Code)
7. Acceptance by the Registered Agent for Service of Process.
By: Karen B. Rozar
(Agent must sign on this line) Karen B. Rozar, As Agent
8. 1600 Atlanta Financial Center, 3343 Peachtree Road, N.E., Atlanta, GA 30326
(Address of registered office required in state of formation or, if not required, address of principal office.)
9. NAMES OF GENERAL PARTNERS STREET ADDRESS
FAB-6316
DB General Partner, Inc., 3190 Northeast Expressway, Atlanta, GA 30341
10. 3190 Northeast Expressway, Atlanta, GA 30341
(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of the limited partner or limited partners until the limited partnership's registration in Florida is cancelled or withdrawn.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. 3190 Northeast Expressway

Atlanta, Georgia 30341

(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 16th, December, 19 96

DB General Partner, Inc.

BY: 

David Berkman, President

STATE OF Georgia

COUNTY OF Fulton

On this 16th day of December, 19 96, David Berkman

personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____


(Notary Public Signature)

Robert W. Reardon
(Notary's Printed Name)

See

My Commission Expires: _____

Notary Public, Cobb County, Georgia

NOTARY PUBLIC
FULTON CO., FLORIDA

55 DEC 16 PM 3:23

FILED

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

BEFORE ME the undersigned personally appeared David Berkman
President of DB General Partner, Inc., Limited Partnership
a general partner of Worthington Apartments I, a (an) Georgia *limited partnership,*
hereinafter referred to as the "Partnership", who certifies as follows:

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

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 16th day of December, 19 96.

DB General Partner, Inc.

BY:

David Berkman, President

STATE OF Georgia

COUNTY OF Fulton

On this 16th day of December, 19 96, David Berkman

personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

Robert W. Reardon
(Notary Public Signature)

Robert W. Reardon
(Notary's Printed Name)

Seal

My Commission Expires: _____

Notary Public, Cobb County, Georgia
My Commission Expires July 1, 2000

FILED
NOV 13 PM 3:23
CLERK OF SUPERIOR COURT
Cobb County, Georgia