

HOLLAND & KNIGHT

Requestor's Name  
**B97000000000521**

Address  
 15 SOUTH LAKE AVENUE  
 Tallahassee, Florida 32301

City/State/Zip Phone #  
 224-7000

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. ACP - Acquisitions, Limited Partnership  
 (Corporation Name) (Document #)
2. \_\_\_\_\_  
 (Corporation Name) (Document #)
3. \_\_\_\_\_  
 (Corporation Name) (Document #)
4. \_\_\_\_\_  
 (Corporation Name) (Document #)

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 97 OCT -2 AM 11:04

☒ Walk in ☒ Pick up time 4:00 ☒ Certified Copy 600002313596 10/07/97 01023-021  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status \*\*\*\*140.00 \*\*\*\*140.00

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

1. TAX FILING 52.50  
 R. AGENT FEE 35.00  
 J. COPY 52.50  
 TOTAL 140.00  
 BANK CHARGE DUE \_\_\_\_\_  
 FINE \_\_\_\_\_

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input checked="" type="checkbox"/>	Foreign
<input checked="" type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

BR  
10/2/97  
 97 OCT -2 AM 10:14  
 DIVISION OF CORPORATIONS

Examiner's Initials BR

Sandra B. Morham, Secretary of State

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

1. ACP-Acquisitions, 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. Delaware  
(State of Formation)
4. 9/17/97  
(Date of Formation)
5. Intrastate Registered Agent Corporation  
(Name of Registered Agent for Service of Process)
6. 701 Brickell Ave Ste 3000  
(Street Address of Registered Office)
- Miami, Florida 33131  
(City) (Zip Code)
7. Acceptance by the Registered Agent for Service of Process  
Intrastate Registered Agent Corporation  
By: [Signature]  
(Agent must sign on this line)  
Steven H. Hagen, Vice President
8. 15 E. North Street, Dover, Delaware 19901  
(Address of registered office required in state of formation or, if not required, address of principal office.)
9. NAMES OF GENERAL PARTNERS SPECIFIC ADDRESS
- ACP-Acquisitions, Inc. 201 E. Pine St, Ste 701  
9970000580542 Orlando, FL 32801

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10. 201 E. Pine St., Ste 701, Orlando, FL 32801  
(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.
12. 201 E. Pine St., Ste 701, Orlando, FL 32801  
(Mailing Address of Limited Partnership)

This 26th day of Sept, 19 97.  
ACP-Acquisitions, Inc., a general partner

By: [Signature]  
Name: Allen de Olazarra  
Title: Executive Vice President

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STATE OF Florida

COUNTY OF Dade

THE FOREGOING instrument was acknowledged and sworn to before me this 26th day of Sept, 19 97, by Allen de Olazarra, Executive Vice Pres. of ACP-Acquisitions, Inc.,  
a general partner of ACP-Acquisitions, Limited Partnership, a Delaware Limited Partnership

[Signature]  
Notary Public

State of Florida at Large



DANIEL JACOBSON  
MY COMMISSION # CC396905 EXPIRES  
August 1, 1998  
BONDED THRU TROY FAIR INSURANCE, INC.

(SEAL) My Commission Expires: 8/1/98

## AFFIDAVIT OF CAPITAL CONTRIBUTIONS

Allen de Olazarra, Executive Vice Pres. of  
BEFORE ME the undersigned personally appeared ACP-Acquisitions, Inc., a general partner  
of ACP-Acquisitions, Limited Partnership, hereinafter referred to as the "Partnership",  
who certifies as follows:

1. The amount of capital contributions of the limited partners is \$ 100.00.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 0.

This 26th day of Sept, 19 97.

FURTHER AFFIANT SAYETH NOT.

Under penalties of perjury I declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

ACP-Acquisitions, Inc., a general partner

By: 

Name: Allen de Olazarra  
Title: Executive Vice Pres.

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STATE OF Florida  
COUNTY OF Dade  
DATE 9/26/97

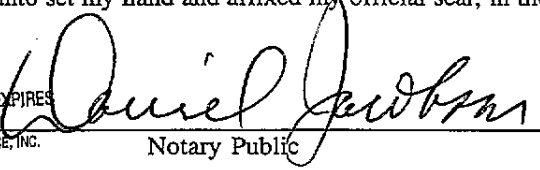
\*Executive Vice Pres. of ACP-Acquisitions, Inc.,  
a general partner of ACP-Acquisitions, Limited  
Partnership

BEFORE ME, the undersigned officer, a Notary Public authorized to administer oaths and to take acknowledgements in and for the State and County set forth above, personally appeared Allen de Olazarra (General Partner), known to me and known by me to be the person who executed the foregoing Affidavit of Capital Contributions, and he acknowledged to me and before me that he executed this Affidavit as General Partner of said partnership.

IN WITNESS WHEREOF I have hereunto set my hand and affixed my official seal, in the State and County aforesaid, this 26th  
day of September, 1997



DANIEL JACOBSON  
MY COMMISSION # CC398905 EXPIRES  
August 1, 1998  
BONDED THRU TROY FAIN INSURANCE, INC.

  
Notary Public

Seal

State of Florida at Large

My Commission expires: 8/1/98