

B9700000632

ARLTON FILDS
Requester's Name
Post Office Drawer 150
Address
Tallahassee, FL 32302
City/State/Zip
Ailsa Ancheta
224-1585
Phone #

Office Use Only

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

1. FT. Myers Apartments, L.P.
(Corporation Name) (Document #)
2. ~~FT. Myers Apartments, L.P.~~
(Corporation Name) (Document #)
3. RESA
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

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97 NOV 21 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- ☒ Walk in ☒ Pick up time ☒ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

| 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 |

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

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

300000260779--0
-12/02/97-11047-018
****140.00 ****140.00
RECEIVED
97 NOV 21 PM 1:27
DIVISION OF CORPORATION

J. FAX _____
FILING 52.50
R. AGENT FEE 35.07
COPY 52.50
TOTAL 140.00
Y. BANK _____
BALANCE DUE _____
RECORD _____

11/21/97

| | |
|---------------------|--|
| Examiner's Initials | |
|---------------------|--|

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

1. Ft. Myers Apartments, L.P.
(Name of limited partnership as it is in the home state)

2. Ft. Myers Apartments Limited Partnership
(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. Tennessee 4. November 18, 1997
(State of Formation) (Date of Formation)

5. Alton Lightsey
(Name of Registered Agent for Service of Process)

6. 215 South Monroe Street
(Street Address of Registered Office)

Tallahassee, Florida 32301
(City) (Zip Code)

6(b). If the authority of the Registered Agent named above is revoked or if the above-named Registered Agent cannot be found or served with the exercise of reasonable diligence, then
7. Acceptance by the Registered Agent for Service of Process: the Secretary of State for Florida is appointed the Registered Agent, pursuant to F.S. Sect. 620.169(4).

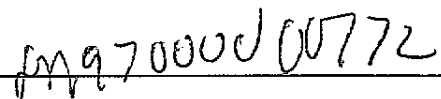

(Agent must sign on this line)

8. 813 Northshore Drive, Suite 201

Knoxville, Tennessee 37919
(Address of registered office required in state of formation or, if not required, address of principal office.)

9. NAMES OF GENERAL PARTNERS STREET ADDRESS

Ft. Myers Apartments, LLC 813 Northshore Drive

 Suite 201

Knoxville, TN 37919

10. Ft. Myers Apartments, L.P., 813 Northshore Dr., Suite 201, Knoxville, TN 37919
(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 canceled or withdrawn.

CONTINUED

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TALLAHASSEE FLORIDA

12. 813 Northshore Drive, Suite 201

Knoxville, TN 37919

(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 20th day of November, 19 97

FT. MYERS APARTMENTS, LLC

General Partner

By: Joseph W. Reed, Chief Manager

STATE OF Tennessee

COUNTY OF Knox

On this 20th day of November, 19 97

Joseph W. Reed personally appeared before me,

☒ who is personally known to me and who acknowledged himself to be Chief Manager of Ft. Myers Apartments, LLC, General Partner of Ft. Myers Apartments, L.P.

☐ whose identity I proved on the basis of _____

[Signature]
(Notary Public Signature)

SANDRA KRITSKY
(Notary's Printed Name)

Seal

My Commission Expires: 12/2/98

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CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

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

BEFORE ME the undersigned personally appeared Joseph W. Reed, Chief Manager of Ft. Myers Apartments,
a general partner of Ft. Myers Apartments, L.P., a (an) Tennessee ^{LLC}
limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is \$ 990.00.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 990.00.

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 20th day of November, 19 97.

Joseph W. Reed
General Partner
FT. MYERS APARTMENTS, LLC By: Joseph W. Reed, Chief Manager

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF TENNESSEE

COUNTY OF KNOX

On this 20th day of November, 19 97,

Joseph W. Reed, personally appeared before me,

- ☒ who is personally known to me and who acknowledged himself to be Chief Manager of Ft. Myers Apartments, LLC, General Partner of Ft. Myers Apartments, L.P.
☐ whose identity I proved on the basis of _____

Sandra Kritsky
(Notary Public Signature)
SANDRA KRITSKY
(Notary's Printed Name)

Seal

My Commission Expires:

12/2/98