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CAPITOL SERVICES d/b/a
PARALEGAL & ATTORNEY SERVICE BUREAU, INC.

(Requestor's Name)

1406 Hays Street, Suite 2

(Address)

Tallahassee, FL 32301 (904) 656-3992

(City, State, Zip)

(Phone #)

OFFICE USE ONLY

600002446696--7
-03/04/98--01049--011
****140.00 ****140.00

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

1. Schlegel Holdings, L.P. (Corporation Name) (Document #)
2. _____ (Corporation Name) (Document #)
3. _____ (Corporation Name) (Document #)
4. _____ (Corporation Name) (Document #)

☒ Walk in

☒ Pick up time 3/4

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 MAR -4 PM 1:39

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 checked="" type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark

PK 3/4/98

RECEIVED
98 MAR -4 AM 11:07
DIVISION OF CORPORATION

Examiner's Initials

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

APPLICATION BY FOREIGN LIMITED PARTNERSHIP FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDAFILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 MAR -4 PM 1:39

1. Schlegel Holdings, L.P.
(Name of limited partnership as it is in the home state)
2. Schlegel Holdings 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. Delaware 4. December 29, 1997
(State of Formation) (Date of Formation)
5. NRAI Services, Inc.
(Name of Registered Agent for Service of Process)
6. 526 E. Park Avenue
(Street Address of Registered Office)
- Tallahassee, Florida 32301
(City) (Zip Code)

7. Acceptance by the Registered Agent for Service of Process.

B. Spul Brady Asst. Secretary
(Agent must sign on this line)

8. 5801 Bridle Way Circle, Boca Raton, FL 33496
(Address of registered office required in state of formation or, if not required, address of principal office.)

9. NAMES OF GENERAL PARTNERS

STREET ADDRESS

Jack Schlegel 5801 Bridle Way Circle, Boca Raton, Florida 33496

Stacy Schlegel 5801 Bridle Way Circle, Boca Raton, Florida 33496

10. 5801 Bridle Way Circle, Boca Raton, Florida 33496
(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.

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CONTINUED

12. 5801 Bridle Way Circle, Boca Raton, Florida 33496

(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 23rd, February, 19 98

STATE OF Florida
COUNTY OF Palm Beach
On this 23 day of February, 19 98,
personally appeared before me, Jack Schlegel, General Partner

☒ who is personally known to me
☐ whose identity I proved on the basis of _____



SUSAN B. JENNINGS
My Commission CC481596
Expires Jul. 18, 1999
Bonded by HAI
800-422-1555

[Signature]
(Notary Public Signature)

(Notary's Printed Name)

Seal

My Commission Expires: _____

FILED STATE
SECRETARY OF CORPORATIONS
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AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR FOREIGN LIMITED PARTNERSHIP.

BEFORE ME the undersigned personally appeared Jack Schlegel,
a general partner of Schlegel Holdings, L.P., a (an) Delaware 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 \$ 20.00.

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 23rd day of February, 19 98.

Jack Schlegel, General Partner

STATE OF Florida

COUNTY OF Polk

On this 23 day of February, 19 98,

personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____



SUSAN B. JENNINGS
My Commission CC48155
Expires Jul. 18, 1999
Bonded by HAI
800-422-1555

(Notary Public Signature)

(Notary's Printed Name)

Seal

My Commission Expires: _____

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DIVISION OF CORPORATIONS
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