

B98000000194

Michael Norton

Requestor's Name

3443 Clubview Dr.

Address

N. Fort Myers, FL 33917-2000

City/State/Zip

Phone #

300002471393--2

-03/27/98-01112--002

***1137.50 ***1137.50

Office Use Only

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

1. The Norton First Family Limited Partnership
(Corporation Name) (Document #)

2. (Corporation Name) (Document #)

3. (Corporation Name) (Document #)

4. (Corporation Name) (Document #) CM

☐ Walk in

☐ Pick up time

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

AMENDMENTS	
	Amendment
	Resignation of R.A., Officer/ Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

OTHER FILINGS	
	Annual Report
	Fictitious Name
	Name Reservation

REGISTRATION/ QUALIFICATION	
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

FILED
98 MAR 30 AM 9:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1. THE NORTON FIRST FAMILY 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.")

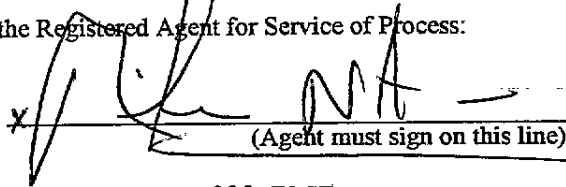
3. UTAH 4. MARCH 21, 1997
(State of Formation) (Date of Formation)

5. MIKE NORTON
(Name of Registered Agent for Service of Process)

6. 3443 CLUBVIEW DRIVE, NORTH FORT MYERS, FLORIDA 33917
(Street Address of Registered Office)

NORTH FORT MYERS, Florida 33917
(City) (Zip Code)

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

x 
(Agent must sign on this line)

8. 34 SOUTH 600 EAST
SALT LAKE CITY, UTAH 84102
(Address of registered office required in state of formation or, if not required, address of principal office.)

9. NAMES OF GENERAL PARTNERS	STREET ADDRESS
<u>MICHAEL G. NORTON</u>	<u>3443 CLUBVIEW DRIVE, N.FT. MYERS</u>
_____	_____
_____	_____
_____	_____

10. 3443 CLUBVIEW DRIVE, N. FT. MYERS, FLORIDA 33917
(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

IN FLORIDA:

12. THE NORTON FIRST FAMILY LIMITED PARTNERSHIP
3443 CLUBVIEW DRIVE
NORTH FORT MYERS, FLORIDA 33917

(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.

Signed this 23 day of MARCH, 19 98

X [Signature]
General Partner

STATE OF FLORIDA

COUNTY OF LEE

On this 23rd day of MARCH, 19 98

MICHAEL G. NORTON

personally appeared before me,

☒ who is personally known to me

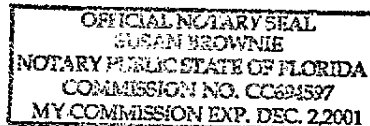
☐ whose identity I proved on the basis of _____

[Signature]
(Notary Public Signature)

Susan Brownie
(Notary's Printed Name)

Seal

My Commission Expires: _____



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SECRETARY OF STATE

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR FOREIGN LIMITED PARTNERSHIP

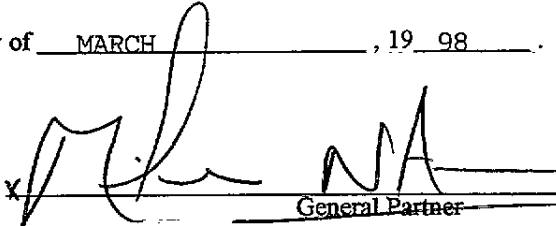
BEFORE ME the undersigned personally appeared MICHAEL G. NORTON
a general partner of THE NORTON FIRST FAMILY LTD. PARTNERSHIP(an)
limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is \$ 125,145.51.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 150,000.00.

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.

Signed this 23 day of MARCH, 19 98.

Amount due;	\$1,050.00
	35.00
	52.50
Total Due	\$1,137.50


General Partner

STATE OF FLORIDA

COUNTY OF LEE

On this 23rd day of MARCH, 19 98

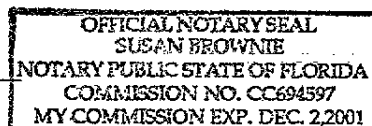
MICHAEL NORTON, personally appeared before me

☒ who is personally known to me

☐ whose identity I proved on the basis of _____


(Notary Public Signature)

Susan Brownie
(Notary's Printed Name)



Seal

My Commission Expires: _____

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TALLAHASSEE, FLORIDA