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CERTIFIED MAIL

Michael G. Norton 3443 Clubview Drive North Fort Myers, Florida 33917

March

18,1998

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Bureau of Commericial Recording The Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314

RE: THE NORTON FIRST FAMILY LIMITED PARTNERSHIP THE NORTON SECOND FAMILY LIMITED PARTNERSHIP

Dear Sir/Madam,

together with check.

Please find enclosed two sets of applications

As requested, this is to state and confirm that the Secretary of State is appointed the agent of the foregin limited partnership for service of process <u>if</u> an agent's authority has been revoked or the agent cannot be found or served with the exercise of reasonable diligence.

The contact person for the above two Partnerships is MICHAEL NORTON. Day time telephone is $1-(941)\ 334-1353$. Please mail acknowledgement to our above noted address. Thank you.

/ Michael Nort

Sincere1

NOTE: TWO CHECKS ENCLOSED

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

1. THE NORTON SECOND FA	MILY LIMITE) PARTNERSHIP			··············
(Name of	limited partnershi	p as it is in the home	e state)		
•					
2. (If name is unavailable, name under v	which the limited	nartnershin proposes	to register or transa	ct busines	s in
Florida; m	ust contain the wo	ord "LIMITED" or "I	.TD.")		.
•			•		
3. UTAH	4	MARCH 21,199	7		
3. UTAH (State of Formation)		(Date of Formation			
(Said of a dimedoli)		(<u> </u>	7		
s MTVE	NORTON				
Name of Registe		vice of Process)			
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					I.
63443 (CLUBVIEW DRI	VE	 	<u> </u>	<u> 후</u> -
(2	Street Address of	Registered Office)		SS = 5	98 MAR 30 AM 9: 17
	\sim				<u> </u>
NORTH FORT MYERS	/	, Florida			<u> </u>
(City)/	/		(Zip Code)	6	ڥ
7. Acceptance by the Registered Agent	for Sarvina of Pro	odes:			
7. Acceptance by the Registered Agent	tot service of bro	SSS.		1	_
// I.V	ω (/-	4			
x // 1/	~ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			•	
	(A gent must si g	n on this line)			_
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	34 300111 000	DAGI	-, , ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,		
	SATO TAKE OT	TY, UTAH 841	02		
(Address of registered office requir	ed in state of form	nation or, if not requi	ired, address of prin	cipal offic	e.)
`		,	•	•	,
9. NAMES OF GENERAL PARTNERS STREET ADDRES			REET ADDRESS		
ACTORIA DE C. MODEON		3443 CT II	BVIEW DRIVE, I	א ידים זא	PGTV
MICHAEL G. NORTON		2442 CDC	DATEM DETARY	4-11-19	1110
	* .				
	٠	, 			
			 		
10. 3443 CLUBVIEW DRIV	E, NORTH FOR	T MYERS, FLORI	DA 33917		
(Office where Names, A				·	

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.

IN FLORIDA:

12.	,	THE NOR	TON SECO	ND FAMI	LY LIMT	TED PART	NERSHIP		
12	· · · · · · · · · · · · · · · · · · ·	3443 CL NORTH F	UBVIEW I	RIVE			TATEL SON ALL N	-	
		(1)	Mailing Add	iress of Lir	nited Partr	ership)		. ,	
Under per thereof ar	nalties of perjur nd that the facts	ry I, being duly stated herein	y sworn de are true and	clare that I d correct.	have read	the forego	ing and know	the conte	nts
Signed th	is23d	ay of		MARCH General Par	J.A.		_, 19 <u>98</u>	- IA	99
STATE C	OF	FLORIDA				·		LLAHAS	98 MAR 30 AM
COUNTY	Y OF	LEE						RY Ur S SEE, FL	
(On this <u>23</u>	day of	MARCH		, 1 <u>9</u> 98		·	ORIDA	9: 17
		MICHAEL	NORTON			persor	ally appeare	d before m	ıe,
	s personally kno		is of			-			
		Jus Sus	(Notary P	Brow Printed Nam	<i>y</i>				
	•		(Notary's	Printed Nam	ie)		·-		-

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

BEFORE ME the undersigned personally appeared	MICHAEL G. NORTON	
a general partner of THE NORTON SECOND FAMILY LTD.PA	RTNERSHIP, a (an)	
limited partnership, hereinafter referred to as the "Partnership", w	ho certifies as follows:	
I. The amount of capital contributions of the limited partners is \$		
2. The anticipated amount of the capital contributions of the limit	ed partners that are allocated for the pu	irposes of
transacting business in Florida is \$ 15,000,00		-
TI I di la	house used the foreseeing and know the	antauta thamanf and
Under the penalties of perjury I, being duly sworn, declare that I	rave read the joregoing and know the c	onienis inereoj ana
that the facts stated herein are true and correct.	Amount Duo	\$105.00
Signed this 23 day of MARCH /, 19	Amount Due;	35.00
. //	- Makal Dua	52.50 \$192.50
	Total Due	\$192.50
× / Vit	<u> </u>	
General Pa The Norton	nner Second Family Ltd. Par	ctnership
		- Se
STATE OF FLORIDA		
COUNTY OF LEE	A	
On this 23 day of MARCE	[] [] [] [] [] [] [] [] [] [] [] [] [] [] [
<u> </u>	, = = = = = = = = = = = = = = = = = = =	注
MICHAEL NORTON	, personally appeared before me	
who is personally known to me		
whose identity I proved on the basis of		
A P	:	
(Notary Public Signature)		
	P*************************************	
Susan Brownie	OFFICIAL NOTARY SEAL SUSAN BROWNIE	
(Notary's Printed Name)	NOTARY PUBLIC STATE OF FLORIDA COMMISSION NO. CC694597 MY COMMISSION EXP. DEC. 2,2001	
	WE EXCEPTIVE SOLVE EAF. DEC. 2,2004	

My Commission Expires:

Seal