



THE UNITED STATES  
CORPORATION  
COMPANY

B98000000235

ACCOUNT NO. : 072100000032

REFERENCE : 783751 4326284

AUTHORIZATION :

Patricia Pizut

COST LIMIT : \$ 87.50

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
98 APR 16 PM 12:50

ORDER DATE : April 16, 1998

ORDER TIME : 9:57 AM

ORDER NO. : 783751-005

CUSTOMER NO: 4326284

CUSTOMER: Gary M. Kaleita, Esq  
Lowndes, Drosdick, Doster,  
215 N. Eola Drive

100002490701--5

Orlando, FL 32801

FOREIGN FILINGS

NAME: MCKINLEY RETAILSOUTH LIMITED  
PARTNERSHIP

(4)

XXXX QUALIFICATION (TYPE: LP)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Robert Maxwell

MR  
4/16/98

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98 APR 16 AM 11:27  
DIVISION OF CORPORATION

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

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

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1. McKinley Retail South 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. Michigan 4. August 26, 1988  
(State of Formation) (Date of Formation)


5. Gary M. Kaleita, Esquire  
(Name of Registered Agent for Service of Process)

c/o Lowndes Drosdick Doster Kantor & Reed, P.A.

6. 215 North Eola Drive  
(Street Address of Registered Office)

Orlando, Florida 32801  
(City) (Zip Code)

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

  
(Agent must sign on this line)  
c/o McKinley Associates, Inc.

8. 320 North Main Street, P.O. Box 8649, Ann Arbor, MI 48107-8649  
(Address of registered office required in state of formation or, if not required, address of principal office.)

9. NAMES OF GENERAL PARTNERS STREET ADDRESS

McKinley Associates, Inc. 320 North Main Street, Ann Arbor, MI  
p18494

Ronald N. Weiser 320 North Main Street, Ann Arbor, MI

10. c/o McKinley Associates, Inc., 320 North Main Street, Ann Arbor, MI  
(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.

CONTINUED

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12. c/o McKinley Associates, Inc., P.O. Box 8649, Ann Arbor, MI 48106  
  
(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 29, January, 19 98

McKinley Associates, Inc., a Michigan corporation, General Partner

By: [Signature] Sr. Vice Pres.  
General Partner

STATE OF Michigan [Signature]  
Ronald N. Weiser, General Partner

COUNTY OF Washtenaw

On this 29th day of January, 19 98, William C. Tyler\*

personally appeared before me, ☒ who is personally known to me  
☐ whose identity I proved on the basis of \_\_\_\_\_

\*as Sr. Vice Pres. of McKinley Associates, Inc., General Partner, on behalf of said General Partner, and Ronald N. Weiser, individually, General Partner

[Signature]  
(Notary Public Signature)

\_\_\_\_\_  
(Notary's Printed Name)

Seal

My Commission Expires: \_\_\_\_\_

LAURA E. PRYCE  
Notary Public, Washtenaw County, MI  
My Commission Expires Apr. 28, 1999

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

BEFORE ME the undersigned personally appeared Ronald N. Weiser  
a general partner of McKinley RetailSouth\*, a (an) Michigan limited partnership,  
hereinafter referred to as the "Partnership", who certifies as follows:

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1. The amount of capital contributions of the limited partners is \$ -0-.
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-.

*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 29th day of January, 19 98.

  
\_\_\_\_\_  
General Partner

STATE OF Michigan

COUNTY OF Washtenaw

On this 29th day of January, 19 98, Ronald N. Weiser

personally appeared before me, ☒ who is personally known to me  
☐ whose identity I proved on the basis of \_\_\_\_\_

  
\_\_\_\_\_  
(Notary Public Signature)

\_\_\_\_\_  
(Notary's Printed Name)

Seal

My Commission Expires: \_\_\_\_\_

LAURA E. PRYCE  
Notary Public, Washtenaw County, MI  
My Commission Expires Apr. 28, 1999