8000000	263
B. Slagle questor's Name <u>Tupitex</u> Rd., # 37 Address	35
8 Tx 75238 Zip Phone #	Office Use Only
NAME(S) & DOCUMENT NUMB	BER(S), (if known):
oration Name) (Docu oration Name) (Docu	Imment #) Imment #) Imment #) Imment #) Imment #) Imment #) Imment #) Imment #) Imment #)
Pick up time Will wait Photocopy	Certified Copy
AMENDMENTS Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger	6000024941563 -04/20/9801116001 *****\$25.00 *****\$25.00
REGISTRATION/ QUALIFICATION Foreign Limited Partnership Reinstatement Trademark Other	-7C \$-70,000.00
	B. Slagle questor's Name Jubilex Rd., ## Address Sip Tx TS333 Zip Phone # NAME(S) & DOCUMENT NUME poration Name) (Document of the second of the

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Examiner's Initials

CR2E031(1/95)

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APPLICATION BY FOREIGN LIMITED PARTNERSHIP FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA SUTR RE 1. (-0) (Name of limited partnership as it is in the home state) (If name is unavailable, name under which the limited partnership proposes to register or transact business in 2 Florida; must contain the word "LIMITED" or "LTD.") \circ জ 3 (Date of Formation) \sim (State of Formation) HEBE 0089005 (Name of Registered Agent for Service of Process) ລເ 86 (Street Address of Registered Office) Florida (Zip Code) City) 7. Acceptance by the Registered Agent for Service of Process: (Agent must sign on this line) <u> 335</u> TTEL 8. v (Address of registered office required in state of formation or, if not required, address of principal office.) $e \times P \otimes$ STREET ADDRESS 9. NAMES OF GENERAL PARTNERS ONED (Office where Names, Addresses and Contributions of Limited Partners are kept.) 10

 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of the limited partner or limited partners until the limited partnership's registration in Florida is canceled or withdrawn.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

335 12 (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. _____, 19<u> 48 </u> Signed this $\frac{164h}{4}$ day of _ B SQ a o General Partner STATE OF 86 2A COUNTY OF APR 20 16th day of <u>Upril</u>, 19_98 On this personally appeared before me - - .-= -8 who is personally known to me I whose identity I proved on the basis of <u>lolorado</u> Drivers License Sharon L. Suchan (Notary Public Signature) Sharon L. Shechan (Notary's Printed Name) My Commission Expires: 03.27.99 Seal SHARON L. SHEEHAN Notary Public STATE OF TEX TEXAS My Commissir ~ Expires 03-27-99

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared <u>Kobert B Slagle</u> a general partner of <u>Glowers Equipment II LP</u>, a (an) <u>Exas</u> limited partnership, hereinafter referred to as the "Partnership", who certifies as follows: QQ

- 1. The amount of capital contributions of the limited partners is $\frac{150,000}{100}$
- 2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 0,000.

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.

that the facts stated herein are true and correct.
Signed this 1644 day of $April, 19_98$.
STATE OF TEXAS:
COUNTY OF DALLAS On this 1674 day of $07i/$, 19 98,
Robert B. Slagle, personally appeared before me,
who is personally known to me whose identity I proved on the basis of $lolarado Drivers Licrnce$
Sharon & Sherhan? (Notary Public Signature)
Sharon L Sheehan (Notary's Printed Name)
SHARON L. SHEEHAN & My Commission Expires: <u>3-27-99</u> Notary Public STATE OF TEXAS