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C T CORPORATION SYSTEM

660 East Jefferson Street

Requestor's Name

Tallahassee, Florida 32301

Address

(850) 222-1092

City

State

Zip

Phone

300002506363--4

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CORPORATION(S) NAME

4/29

Chartwell Associates II, L.P.

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- ☐ Profit ☐ Amendment ☐ Merger
- ☐ NonProfit ☐ Limited Liability Company
- ☐ Foreign ☐ Dissolution/Withdrawal ☐ Mark
- ☒ Limited Partnership ☐ Annual Report ☐ Other
- ☐ Reinstatement ☐ Fict. Filing ☐ Change of R.A.
- ☐ Limited Liability Partnership ☐ UCC-1 UCC-3
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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. Chartwell Associates II, L.P.
(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. Delaware 4. April 27, 1998
(State of formation) (Date of formation)
5. Armindia M. Lanigan *
(Name of Registered Agent for Service of Process)
6. 1610 Independent Square
(Street Address of Registered Office)
Jacksonville, Florida 32202
(City) (Zip Code)
7. Acceptance by the Registered Agent for Service of Process.
By: Armindia M. Lanigan
(Agent must sign on this line)
8. Corporation Trust Center, 1209 Orange St., Wilmington, DE 19801
(Address of registered office required in state of formation or, if not required, address of principal office.)
9. NAMES OF GENERAL PARTNERS STREET ADDRESS
Chartwell SPMM, L.P. 1610 Independent Square
Jacksonville, Florida 32202
398000000281
10. 1610 Independent Square, Jacksonville, Florida 32202
(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of the limited partner or limited partners until the limited partnership's registration in Florida is canceled or withdrawn.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

*The Secretary of State of Florida is appointed as agent for service of process if the agent identified in item 5 above has had its authority revoked or cannot be found or served with the exercise of reasonable diligence.

12. 1610 Independent Square, Jacksonville, Florida 32202

(Mailing Address of Limited Partnership)

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 28th day of April 1998

CHARTWELL SPMM, L.P., General Partner

By: CHARTWELL II, INC., General Partner

By: *Anthony Marinatos*

Title: *Managing Director*

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STATE OF FLORIDA

COUNTY OF DUVAL

On this 28th day of April, 1998, *Anthony Marinatos*

personally appeared before me,



who is personally known to me



whose identity I proved on the basis of _____



JACQUELINE L. DUFRESNE
My Comm Exp. 9/09/2000
Bonded By Service Ins
No. CC583498
☒ Personally Known ☐ Other I.D.

Jacqueline L. Dufresne
(Notary Public Signature)

Jacqueline L. Dufresne
(Notary Public Signature)

Seal

My Commission expires: *09/09/2000*

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

FILED
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DIVISION OF CORPORATIONS
APR 29 1998

BEFORE ME the undersigned personally Chartwell SPMM, L.P. a general
partner of Chartwell Associates II, L.P., a (an) Delaware Limited partnership herein
referred to as the "Partnership", who certifies as follows:

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 28th day of April, 1998.

CHARTWELL SPMM, L.P., General Partner

By: CHARTWELL II, INC., General Partner

By: Anthony Marinatos

Title: Managing Director

STATE OF FLORIDA
COUNTY OF DUVAL

On this 28th day of April, 1998, Anthony Marinatos

personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____



JACQUELINE L. DUFRESNE
My Comm Exp. 9/09/2000
Bonded By Service Ins
No. CC583498
☒ Personally Known ☐ Other I. D.

Jacqueline L. Dufresne
(Notary Public Signature)

Jacqueline L. Dufresne
(Notary Public Signature)

Seal

My Commission Expires: 09/09/2000