

State
Requestor's Name
B9800000408

Address

City/State/Zip

Phone #

Office Use Only

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

1. Royal Oaks Associates C.P.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in ☐ Pick up time _____
☐ Mail out ☐ Will wait ☐ Photocopy

☒ Certified Copy *need two (2)*
☒ Certificate of Status *need two*

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input checked="" type="checkbox"/>	Foreign
<input checked="" type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 JUN 22 PM 12:39

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DIVISION OF CORPORATIONS
98 JUN 22 PM 12:40

file 2nd

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By 6/22/98

Examiner's Initials

Florida Department of State, Jim Smith, Secretary of State

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

Royal Oaks Associates, L.P.

1. Royal Oaks Associates, 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. Virginia
(State of Formation)

4. June 11, 1998
(Date of Formation)

5. C T Corporation System
(Name of Registered Agent for Service of Process)

6. c/o C T Corporation System, 1200 South Pine Island Road
(Street Address of Registered Office)

Plantation, Florida 33324
(City) (Zip Code)

7. Acceptance by the Registered Agent for Service of Process

Connie Bryan **CONNIE BRYAN**
(Agent must sign on this line) **SPECIAL ASSISTANT SECRETARY**

8. 555 East Main Street, 17th Floor, Norfolk, VA 23510
(Address of Registered Office required in State of Formation or, if not required, Address of Principal Office.)

9. NAME OF GENERAL PARTNERS

ROA Managing Co., Inc.

SPECIFIC ADDRESS

First Virginia Tower
17th Floor
555 East Main Street
Norfolk, VA 23510

10. 555 East Main Street, 17th Floor, Norfolk, VA 23510
(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.

12. 555 East Main Street, 17th Floor, Norfolk, VA 23510
(Mailing Address of Limited Partnership)

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This 19th day of June, 1998.

ROA Managing Co., Inc.

General Partner

By: [Signature] (SEAL)

Jordan E. Slone, President

STATE OF VIRGINIA

CITY
~~COUNTY~~ OF

THE FOREGOING instrument was acknowledged and sworn to before me this 19th day of June, 1998, by Jordan E. Slone, President of (Name of General Partner) of ROA Managing Co., Inc.

Royal Oaks Associates, L.P.

(Name of Limited Partnership), A Virginia (State or Country) Limited Partnership, on behalf of the Limited Partnership.

[Signature: Renee D. Williams]

Notary Public

State of Virginia at Large

(SEAL)

My Commission Expires:

10-31-99

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned, personally appeared Jordan E. Slone, President of ROA Managing Co., Inc., a general partner of Royal Oaks Associates, L.P., a (an) Virginia, limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is \$ 950,000.00.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 500,000.00.

This 19th day of June, 19 98

FURTHER AFFIANT SAYETH NOT.

Under penalties of perjury I declare that I have read the foregoing and that the facts are true, to the best of my knowledge and belief.

General Partner

ROA Managing Co., Inc.

By: Jordan E. Slone, President

(SEAL)

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STATE OF Virginia
COUNTY OF Chesapeake
DATE 6-19-98

BEFORE ME, the undersigned officer, a Notary Public authorized to administer oaths and to take acknowledgments in and for the State and County set forth above, personally appeared Jordan E. Slone, President of * (General Partner, known to me and know by me to be the person who executed the foregoing Affidavit of Capital Contributions, and he acknowledged to me and before me that he executed this Affidavit as General Partner of said partnership. *ROA Managing Co., Inc.

IN WHITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the State and County aforesaid, this 19th day of June, 19 98

Bence D. Williams

Notary Public

Seal

State of Virginia at Large

My Commission Expires:

10-31-99