

B980000000409
Document Number Only

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 JUN 22 PM 1:45

CT Corporation System			
Requestor's Name 660 East Jefferson Street			
Address Tallahassee, FL 32310 222-1092			
City	State	Zip	Phone
CORPORATION(S) NAME			

700002567667--0
-06/22/98-01055-010
*****87.50 *****87.50

Arizona Pacific LP

- | | | |
|---|---|--|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Limited Liability Company |
| <input checked="" type="checkbox"/> Foreign | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input checked="" type="checkbox"/> Limited Partnership | <input type="checkbox"/> Name Registration | <input type="checkbox"/> Change of P.A. |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> UCC-1 Financing Statement | <input type="checkbox"/> UCC-3 Filing |
| <input type="checkbox"/> Fictitious Name | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> CUS |
| <input type="checkbox"/> Certified Copy | <input checked="" type="checkbox"/> Call if Problem | <input type="checkbox"/> After 4:30 |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input checked="" type="checkbox"/> Walk In | | |
| <input type="checkbox"/> Mail Out | | |

RECEIVED
98 JUN 22 AM 12
DIVISION OF CORPORATIONS

Name
Availability
Document Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

Please Return Extra Copies
File Stamped.
Thank You!!

Hope
Jill
Shud

Name
Availability
Document Examiner
Updater
Updater
Verifier
Acknowledgment
W. P. Verifier

604-869

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

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

1. Arizona Pacific LP
(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. 12/27/94
(State of Formation) (Date of Formation)

5. C T CORPORATION SYSTEM
(Name of Registered Agent for Service of Process)

6. 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.

C T CORPORATION SYSTEM
M. T. Fitzpatrick
(Officer must sign on this line)
M. T. Fitzpatrick, Asst. Secretary

8. 725 Arizona Avenue, Suite 400
Santa Monica, CA 90401

(Address of registered office required in state of formation or, if not required, address of principal office.)

9. NAME OF GENERAL PARTNERS STREET ADDRESS

Coast Asset Management Corporation
725 Arizona Ave., Ste 400
Santa Monica, CA 90401

10. 725 Arizona Avenue, Suite 400
Santa Monica, CA 90401
(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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 JUN 22 PM 1:45

12. _____

725 Arizona Avenue, Suite 400
Santa Monica, CA 90401

(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 9th day of June, 19 98

Christopher D. Petitt

General Partner

STATE OF California

Coast Asset Management Corporation
Christopher D. Petitt
Executive VP and Chief Operating Officer

COUNTY OF Los Angeles

On this 9th day of June, 19 98

Christopher D. Petitt personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 JUN 22 PM 1:45

Lori Edwards

(Notary Public Signature)

LORI D. EDWARDS

(Notary's Printed Name)

Seal

My Commission Expires: 10/25/00



AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR FOREIGN LIMITED PARTNERSHIP

BEFORE ME, the undersigned, personally appeared Christopher D. Pettit of Coast Asset Management Corp., a general partner of Arizona Pacific L.P., a (an) Delaware limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is \$ 1000.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 250.

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 9th day of June, 19 98.

Christopher Pettit
General Partner

Coast Asset Management Corporation
Christopher D. Pettit
Executive VP and Chief Operating Officer

STATE OF California
COUNTY OF Los Angeles

On this 9th day of June, 19 98,

Christopher D. Pettit personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

Lori Edwards
(Notary Public Signature)

Lori D. Edwards
(Notary's Printed Name)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 JUN 22 PM 1:45

Seal



My Commission Expires: 10/25/00