

Document Number Only

398000000550

C T Corporation System

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, FL 32301

City

State

Zip

Phone

CORPORATION(S) NAME

400002632504--9

-09/04/98--01095--001

*****87.50 *****87.50

Exception Management Services LP

☐ Profit

☐ NonProfit

☐ Limited Liability Company

☒ Foreign

☐ Amendment

☐ Dissolution/Withdrawal

☐ Merger

☐ Mark

☒ Limited Partnership

☐ Reinstatement

☐ Limited Liability Partnership

☐ Certified Copy

☐ Annual Report

☐ Reservation

☐ Photo Copies

☐ Other

☐ Change of R.A.

☐ Fictitious Name

☐ CUS

☐ Call When Ready

☒ Walk In

☐ Mail Out

☐ Call if Problem

☐ Will Wait

☐ After 4:30

☒ Pick Up

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 SEP -4 PM 3:53

Name
Availability

Document
Examiner

Updater

Verifier

Acknowledgment

W.P. Verifier

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THANKS
JOEY

9/4/98

file 2nd

Wx
9/4/98

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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DIVISION OF CORPORATIONS
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1. Exception Management Services 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. February 3, 1998
(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

Connie Bryan

(Office) must sign on this line

CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY

8. 1209 Orange Street, Wilmington, DE 19801

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

9. NAME OF GENERAL PARTNERS STREET ADDRESS

HSN General Partner LLC 1 HSN Drive, St. Petersburg, FL 33729

mayuuuuu803

10. 1 HSN Drive, St. Petersburg, FL 33729
(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.

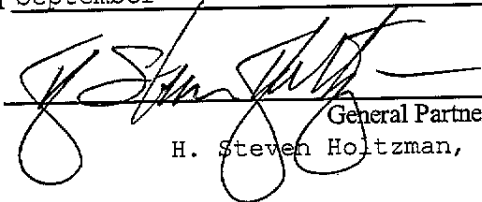
CONTINUED

12. 1 HSN Drive, St. Petersburg, FL 33729

(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 1st day of September, 1998



General Partner
H. Steven Holtzman, Asst. Sec.

STATE OF Florida

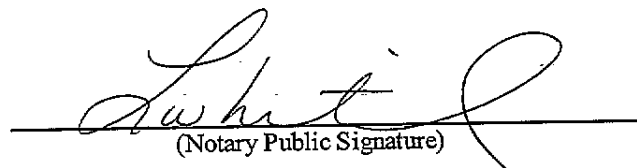
COUNTY OF Pinellas

On this 1st day of September, 1998

H. Steven Holtzman, Asst. Sec. personally appeared before me,

☒ who is personally known to me

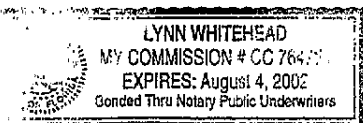
☐ whose identity I proved on the basis of _____


(Notary Public Signature)

Lynn Whitehead
(Notary's Printed Name)

Seal

My Commission Expires: August 4, 2002



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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**AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR FOREIGN LIMITED
PARTNERSHIP**

BEFORE ME, the undersigned, personally appeared H. Steven Holtzman, Asst. Secretary of
a general partner of Exception Management Services LP, 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 \$ 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 1st day of September, 19 98.


General Partner
H. Steven Holtzman, Asst. Secretary of

STATE OF Florida

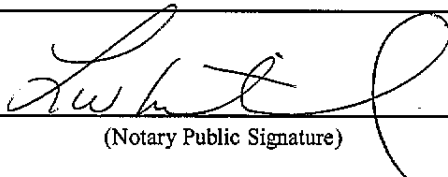
COUNTY OF Pinellas

On this 1st day of September, 19 98,

H. Steven Holtzman, Asst. Secretary of personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____


(Notary Public Signature)

Lynn Whitehead
(Notary's Printed Name)

Seal

My Commission Expires: August 4, 2002

