

398000000564

Requestor Name
325 SOUTH CANYON STREET
Address
Tallahassee, Florida 32301
City/State/Zip Phone #
224-7000

Office Use Only

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

1. Herndon Associates Limited Partnership (New)
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☐ Walk-in

☒ Pick up time 2:00

☒ Certified Copy

☐ Mail-out

☐ Will wait

☐ Photocopy

☒ Certificate of Status (3)

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

400002643214---2
-09/18/98--01038--017
***1863.75 ***1863.75

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

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

RECEIVED
98 SEP 18 AM 11:30
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Examiner's Initials

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

FILED STATE
SECRETARY OF CORPORATIONS
98 SEP 18 PM 12:44

1. Herndon Associates Limited Partnership
(Name of limited partnership as it is in the home state)
2. Herndon Associates Limited, L.P.
(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 4. 12/16/1970
(State of Formation) (Date of Formation)

5. Corporation Service Company
(Name of Registered Agent for Service of Process)

6. 1201 Hayes Street
(Street Address of Registered Office)

- Tallahassee, Florida FL 32301
(City) (Zip Code)

7. Acceptance by the Registered Agent for Service of Process:

Deborah N. Skipper as agent
(Agent must sign on this line)

8. 4141 N. Henderson Rd., Suite 8, Arlington, VA 22203

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

9. NAMES OF GENERAL PARTNERS STREET ADDRESS

117 CORP.	4141 N. Henderson Road
	Suite 8
	Arlington, VA 22203

10. 4141 N. Henderson Rd., Suite 8, Arlington, VA 22203
(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

12.4141 N. Henderson Road, Suite 8, Arlington, VA 22203

(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.

Signed this 17th day of September, 19 98

117 Corp.
By: [Signature] General Partner
Arthur L. Walters, President

STATE OF Virginia

COUNTY OF Arlington

On this 17th day of September, 19 98

Arthur L. Walters personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

Claribel D. Miley
(Notary Public Signature)

Claribel D. Miley
(Notary's Printed Name)

Seal

My Commission Expires: 3-31-2002

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 SEP 18 PM 12:44

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared Arthur L. Walters, President of 117 Corp.
a general partner of Herndon Associates Limited Partnership 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 \$ 400,000.00.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 400,000.00.

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.

Signed this 17th day of September, 19 98

117 Corp.
By: [Signature]
General Partner
Arthur L. Walters, President

STATE OF Virginia

COUNTY OF Arlington

On this 17th day of September, 19 98

Arthur L. Walters, President of 117 Corp., personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

[Signature]
(Notary Public Signature)

Claribel D. Miley

(Notary's Printed Name)

Seal

My Commission Expires: 3-31-2002

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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