Bocument Number Only 3980000006/2

C T CORPORATION SYSTEM	
660 East Jefferson Street	
Requestor's Name	
Tallahassee, Florida 32301	
Address	
(850) 222–1092	2000 <u>026</u> 660025
City State Zip Phone	200026660025 -10/19/9801001003 ***2355.00 ***1785.00
CORPORATION(S) NAME	
	nent PLW () Merger
North share Hon	mock, l.P.
() 5	a- My My 25137
() Profit () NonProfit () Amenda	nent A.W () Merger
() Limited Liability Company	8 Zin
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Walk In () Will Wait () Mail Out	Pick Up
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APPLICATION BY FOREIGN LIMITED PARTNERSHIP FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

1. Northshore Hammock, L.P. (Name of limited partner		
(Name of limited partner	rship as it is in the home state)	
2	- transact busin	ress in Florida:
2. (If name is unavailable, name under which the limited p must contain the wor	artnership proposes to register of transact bush d "LIMITED" or "LTD.")	SECRETARY OF STATE ON OF STATE ON OF CORPORATIONS
3. <u>Georgia</u> 4	7/10/98 (Date of Formation)	一彩
(State of Formation)	(Date of Formation)	200
CT Corporation Sy	ystem	N ST
5(Name of Registered Agent for		: 08
6 1200 South Pine Island Road		
6. Street Address	of Registered Office)	
	Florida 33324	
Plantation (City)	Florida 33324 (Zip Code)	· ·
• • •	· •	
7. Acceptance by the Registered Agent for Service of	Process:	
	Conex Bryen Special Ast. Secretary st sign on this line)	
8. Suite 1600, 3343 Peachtree	Road NE	
Atlanta, GA 30326	·	
(Address of registered office required in state of	formation or, if not required, address of princi	ipal office.)
9. NAMES OF GENERAL PARTNERS	STREET ADDRESS	
	P. O. Box 350584 9 1	Madeira Court
Northshore GP, LLC	Palm Coast, FL 32135 Pa	1m Coast, FL 32135
		
9 Madeira Court, Palm Coa		
10. P. O. Box 350584, Palm Co	east, FL 32135	
(Office where Names, Addresses ar	d 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of the limited partner or limited partners until the limited partnership's registration in Florida is canceled or withdrawn.

12. P. O. Box 350584, Palm Coast, FL 32135
(Mailing Address of Limited Partnership)
(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 day of
Signed this of day of odd , 19 98.
Northshore GP LLC by Ginn Development Company, LLC, its Managering By: General Partner
STATE OF PLOSI OF Manager STATE OF STA
COUNTY OF PAGICY
On this 8th day of October, 1998
Edulation Personally appeared before me,
Who is personally known to me
whose identity I proved on the basis of
(Notary Public Signature) LINDA K. LANGEVIN MY COMMISSION # CC 440027 EXPIRES. June 21, 1999 Bonded Thru Notary Public Underwriters

My Commission Expires:___

Seal

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR FOREIGN LIMITED PARTNERSHIP

Edward R. Ginn, the CEO BEFORE ME the undersigned personally appeared of Ginn Development Company, LLC, the	Manager
of Northshore GP, LLC	
a general partner of Northshore Hammock, L.P. , a (an)x Georgia	 · -
limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:	
1. The amount of capital contributions of the limited partners is \$29,000,000.	_
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purpo	oses of
transacting business in Florida is \$ 29,000,000	·
Under the penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the cor	ntents thereof and
that the facts stated herein are true and correct.	D
Signed this _Ste_day of _Octobe	98 OCT
Education General Partner	ESCON OF CORPORATION
STATE OF HORIDA	ATTENS
COUNTY OF PAGE	
On this 8th day of Otto , 19 98	-,
Edulard R-GNU personally appeared before me,	·
Who is personally known to me	
whose identity I proved on the basis of	
(Notary Public Signature) LINDA K. LANGEVIN MY COMMISSION # CC 440027 EXPIRES: June 21, 1999 Bonded Thru Notary Public Underwriters	
(Notary's Printed Name)	