

Document Number Only

B98000000713

C T CORPORATION SYSTEM

Requestor's Name
660 East Jefferson Street

Address
Tallahassee, FL 32301 222-1092

City State Zip Phone

CORPORATION(S) NAME

000002721490--7
-12/24/98--01007--012
*****87.50 *****87.50

000002721490--7
-12/24/98--01007--013
*****61.25 *****61.25

Tri-Conn II Advisors, L.P.

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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|---|--|--|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other UCC-1 / UCC-3 |
| <input checked="" type="checkbox"/> Foreign | <input type="checkbox"/> Reservation | <input type="checkbox"/> Change of R.A. |
| <input checked="" type="checkbox"/> Limited Partnership | <input type="checkbox"/> Limited Liability Partnership | <input type="checkbox"/> Fictitious Name |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Photo Copies | <input checked="" type="checkbox"/> CUS |
| <input checked="" type="checkbox"/> Certified Copy | <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call if Problem |
| | <input checked="" type="radio"/> Walk In | <input type="checkbox"/> After 4:30 |
| | <input type="checkbox"/> Mail Out | <input checked="" type="radio"/> Pick Up |

Name	12-24
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THANKS

CONNIE

File 2nd

TRI-CONN II ADVISORS, INC.
28 State Street, 37th Floor
Boston, MA 02109

November 12, 1998

Office of the Secretary of State
Department of State
The Capitol, PL-02
Tallahassee, Florida 32399-0250

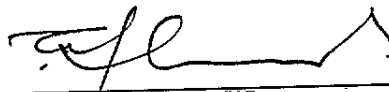
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Re: Consent to Use of Name: Tri-Conn II Advisors, L.P.

Dear Sir or Madam:

Tri-Conn II Advisors, Inc., a corporation organized under the laws of the State of Delaware and qualified to do business under the General Laws of the State of Florida, hereby consents to the use of the name "Tri-Conn II Advisors, L.P.", by a Delaware limited partnership, to be qualified as a foreign limited partnership to do business in the State of Florida.

Tri-Conn II Advisors, Inc.



Frederick S. Moseley IV
President

Florida Department of State, Sandra B. Mortham, Secretary of State
**APPLICATION BY FOREIGN LIMITED PARTNERSHIP FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

1. Tri-Conn II Advisors, L.P.
(Name of limited partnership as it is in the home state)

2. Tri-Conn II Advisors, 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. Delaware 4. November 10, 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

(Officer must sign on this line)

8. 28 State Street, 37th Floor, Boston, MA 02109

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

9. NAME OF GENERAL PARTNERS STREET ADDRESS

Tri-Conn II Advisors, Inc. 28 State Street, 37th Floor, Boston, MA 02109

F98-6996

10. 28 State Street, 37th Floor, Boston, MA 02109
(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

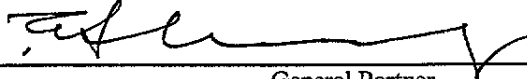
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12. 28 State Street, 37th Floor, Boston, MA 02109

(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 12TH day of November, 19 98.



General Partner

Tri-Conn II Advisors, Inc.

By: Frederick S. Moseley IV, President

STATE OF Massachusetts

COUNTY OF Suffolk

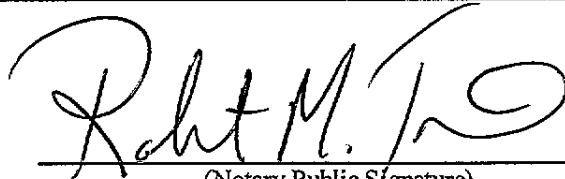
On this 12TH day of November, 19 98,

Frederick S. Moseley IV, President of
Tri-Conn II Advisors, Inc.

personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____



(Notary Public Signature)

(Notary's Printed Name)

ROBERT M. TREVISANI

Notary Public

My Commission Expires: My Commission Expires Nov. 8, 2002

Seal

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AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR FOREIGN LIMITED PARTNERSHIP

Frederick S. Moseley IV, President of
BEFORE ME, the undersigned, personally appeared Tri-Conn II Advisors, Inc.,
a general partner of Tri-Conn II Advisors, 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 \$ 2,000,000.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 0.00.

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.

This 12th day of November, 19 98.



General Partner

Tri-Conn II Advisors, Inc.

By: Frederick S. Moseley IV, President

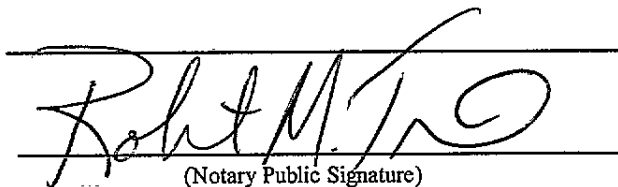
STATE OF Massachusetts

COUNTY OF Suffolk

On this 12TH day of November, 19 98,
Frederick S. Moseley IV, President of
Tri-Conn II Advisors, Inc. personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____


(Notary Public Signature)

(Notary's Printed Name)

ROBERT M. TREVISANI

Notary Public

My Commission Expires Nov. 8, 2002

My Commission Expires: _____

Seal

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