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FLORIDA DEPT OF STATE
DIVISION OF CORPORATION
PO BOX 6327
TALLAHASSEE, FLORIDA 32314

400002711134--9
-12/14/98--01029--002
****148.75 ****148.75

TO WHOM IT MAY CONCERN,

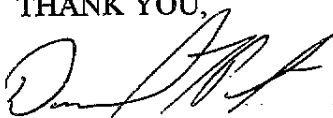
THIS IS MY COVER LETTER WITH MY DOCUMENTS AND CHECK.
I AM INCLUDING A CHECK FOR \$148.75
THIS IS \$52.50 FOR THE FILING FEE,
\$35.00 FOR DESIGNATION OF A REGISTERED AGENT,
\$52.50 FOR A CERTIFIED COPY,
AND \$8.75 FOR A CERTIFICATE UNDER SEAL.

CM

THE CONTACT PERSON IS
DANIEL T. POST
1515 N. FEDERAL HWY.
SUITE 300
BOCA RATON, FL. 33432
PHONE # IS 561-417-7979

~~0098-28155~~

THANK YOU,



DANIEL POST

99 FEB 16 AM 9:01

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

December 17, 1998

DANIEL T. POST
1515 N. FEDERAL HIGHWAY, SUITE 300
BOCA RATON, FL 33432

SUBJECT: J.A.P. LIMITED PARTNERSHIP
Ref. Number: W98000028155

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 FEB 16 AM 9:01

We have received your document for J.A.P. LIMITED PARTNERSHIP and your check(s) totaling \$148.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited partnership is not available. A foreign limited partnership whose name is not available in Florida must adopt another name which contains the words "Limited" or its abbreviation "Ltd." for use in the state of Florida. Please complete number 2 on the application with an alternate name for use in Florida.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6025.

Cathy A Mitchell
Corporate Specialist

Letter Number: 798A00059253

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

1. J. A. P. Limited Partnership
(Name of limited partnership as it is in the home state)

2. J. A. P. Nevada Limited Partnership
(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.")

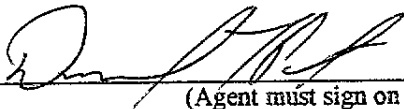
3. Nevada 4. July 24, 1998
(State of Formation) (Date of Formation)

5. Daniel T. Post
(Name of Registered Agent for Service of Process)

6. 1515 North Federal Highway, Suite 300
(Street Address of Registered Office)

Boca Raton Florida 33432
(City) (Zip Code)

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


(Agent must sign on this line)

8. _____

3305 W. Spring Mountain Road Suite 608 Las Vegas Nevada 89102
(Address of registered office required in state of formation or, if not required, address of principal office.)

9. NAMES OF GENERAL PARTNERS

STREET ADDRESS

~~Renee Post 2731 Sand Hollow Court, Clearwater, FL 33764~~

Daniel Post 12689 Tucano Circle, Boca Raton FL 33428

10. 1515 N. Federal Highway Suite 300, Boca Raton FL 33432
(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
99 FEB 16 AM 9:01

12.

1515 N. Federal Highway Suite 300 Boca Raton FL 33432
(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 12 day of Feb, 19 99
17 Not

[Signature]
General Partner

STATE OF Florida

COUNTY OF Pineas B/m Beach

On this 12 day of Feb, 19 99
17 Not

[Signature] personally appeared before me,

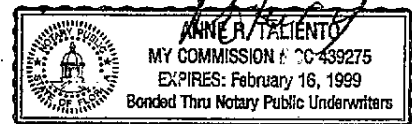
☒ who is personally known to me

☒ whose identity I proved on the basis of California Drivers Lic #B6329047
Daniel T Post

appeared before me did not take oath

[Signature]
(Notary Public Signature)

Cindy J Roth
(Notary's Printed Name)



Seal

My Commission Expires:

CINDY J ROTH
My Commission CC486057
Expires Aug. 06, 1999
Bonded by ANB
800-852-5878

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 FEB 16 AM 9:01

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared Renee Post
a general partner of J.A.P. Limited Partnership, a (an) _____
limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is \$ 1,000.00.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 1,000.00.

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 12 day of Feb, 1999
25 1999

Renee Post
General Partner

STATE OF Florida

COUNTY OF Pinellas County

On this 12 day of Feb, 1999
25 November

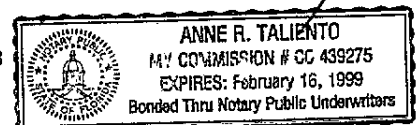
Renee Post + Daniel T. Post, personally appeared before me,

☒ who is personally known to me

☒ whose identity I proved on the basis of California Drivers LIC # 136329047

Carol A. LoPrinzi
(Notary Public Signature)

Carol A LoPrinzi
My Commission CC646663
Expires June 18, 2001



(Notary's Printed Name)

Seal

My Commission Expires: _____