



B99060000106

ACCOUNT NO. : 072100000032

REFERENCE : 154916 4303929

AUTHORIZATION

Patricia Pizots

COST LIMIT : \$ 1802.50

ORDER DATE : March 3, 1999

ORDER TIME : 11:33 AM

ORDER NO. : 154916-005

CUSTOMER NO: 4303929

500002793445--9

CUSTOMER: Ms. Sheryl C. Vainstein
Greenberg Traurig
1221 Brickell Avenue
20th Floor
Miami, FL 33131

FOREIGN FILINGS

NAME: INDIAN RIVER COURTS LIMITED
PARTNERSHIP

XXXX QUALIFICATION (TYPE: LP)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX (2) CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 MAR -3 PM 3:17

RECEIVED
99 MAR -3 PM 12:52
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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

FILED STATE
SECRETARY OF CORPORATIONS
MAR -3 PM 3:17

1. INDIAN RIVER COURTS LIMITED PARTNERSHIP
(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. January 20, 1999
(State of Formation) (Date of Formation)

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

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

Tallahassee Florida 32301-2525
(City) (Zip Code)

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


(Agent must sign on this line)

Karen B. Rozar, Asst. Sec.
Corporation Service Company

8. 1201 Hays Street
Tallahassee, Florida 32301-2525
(Address of registered office required in state of formation or, if not required, address of principal office.)

9. NAMES OF GENERAL PARTNERS

STREET ADDRESS

Dayco of South Florida Corp. 848 Brickell Avenue, Suite 810
Miami, Florida 33131

99600008098

10. 848 Brickell Avenue, Suite 810, Miami, Florida 33131
(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of the limited partner or limited partners until the limited partnership's registration in Florida is canceled or withdrawn.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, 848 Brickell Avenue, Suite 810

Miami, Florida 33131

(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 2nd day of March, 1999

DAYCO OF SOUTH FLORIDA CORP.

By: General Partner

STATE OF FLORIDA

COUNTY OF MIAMI-DADE

On this 2nd day of March, 1999

Luis Lamar, as Vice President of General Partner personally appeared before me,

☒ who is personally known to me

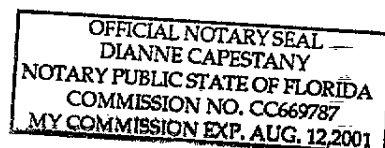
☐ whose identity I proved on the basis of

(Notary Public Signature)

(Notary's Printed Name)

Seal

My Commission Expires:



AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared Luis Lamar, as Vice President of Dayco of South Florida
a general partner of Indian River Courts Limited Partnership (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 \$ 800,000.00.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 800,000.00.

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 2nd day of March, 19 99.

DAYCO OF SOUTH FLORIDA CORP.

By: [Signature]
General Partner

STATE OF FLORIDA

COUNTY OF MIAMI-DADE

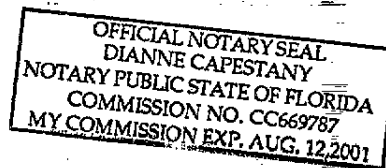
On this 2nd day of March, 19 99.

Luis Lamar, as Vice President of General Partner, personally appeared before me,

- ☒ who is personally known to me
☐ whose identity I proved on the basis of _____

[Signature]
(Notary Public Signature)

(Notary's Printed Name)



Seal

My Commission Expires: