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Requestor's Name

660 East Jefferson Street

Address

Tallahassee, FL 32301

City

State

Zip

Phone

100002794241--5

-03/04/99-01043-011

***1785.00 ***1785.00

CORPORATION(S) NAME

Safeguard Coral Springs, I.P.

FILED STATE
SECRETARY OF CORPORATIONS
99 MAR -4 PM 1:48

☐ Profit

☐ NonProfit

☐ Limited Liability Company

☒ Foreign

☐ Amendment

☐ Merger

☐ Dissolution/Withdrawal

☐ Mark

☒ Limited Partnership

☐ Reinstatement

☐ Limited Liability Partnership

☐ Certified Copy

☐ Annual Report

☐ Reservation

☐ Photo Copies

☐ Other

☐ Change of R.A.

☐ Fictitious Name

☐ CUS

☐ Call When Ready

☒ Walk In

☐ Mail Out

☐ Call if Problem

☐ Will Wait

☐ After 4:30

☒ Pick Up

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JOEY

B/K

3/4/99

Florida Department of State, Sandra B. Mortham, Secretary of State

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 MAR -4 PM 1:48

1. Safeguard Coral Springs, L.P.
(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. February 26, 1999
(State of Formation) (Date of Formation)
5. CT Corporation System
(Name of Registered Agent for Service of Process)
6. c/o CT Corporation System, 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:
CT Corporation System CONNIE BRYAN
Special Assistant Secretary
(Agent must sign on this line)
8. 1209 Orange Street, Wilmington, Delaware 19801
(Address of registered office required in state of formation or, if not required, address of principal office.)
9. NAMES OF GENERAL PARTNERS STREET ADDRESS
Safeguard Development Group III, L.L.C. 111 Veterans Blvd., Ste. 10
Metairie, Louisiana 70005
m9900006310
10. 111 Veterans Blvd., Suite 1008, Metairie, Louisiana 70005
(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of the limited partner or limited partners until the limited partnership's registration in Florida is canceled or withdrawn.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. 111 Veterans Blvd., Suite 1008, Metairie, Louisiana 70005

(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 3rd day of March, 19 99
Safeguard Development Group III, L.L.C.
By: [Signature]
Authorized Agent of General Partner

STATE OF Louisiana

Parish
COUNTY OF Jefferson

On this 3rd day of March, 19 99

JACK A. CHANEY 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: _____

JACOB S. CAPRARO
NOTARY PUBLIC
Parish of Orleans, State of Louisiana
My Commission is issued for Life.

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared Jack A. Chaney as authorized agent of a general partner of Safeguard Coral Springs, 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 \$ 900,000.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 900,000.

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 3rd day of March, 19 99.

Safeguard Development Group III, L.L.C.

By: Jack A. Chaney
Authorized Agent of General Partner

STATE OF Louisiana
COUNTY OF Jefferson

On this 3rd day of March, 19 99.

JACK A. CHANEY, personally appeared before me.

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

Jacob S. Capraro
(Notary Public Signature)

(Notary's Printed Name)

Seal

My Commission Expires: