

Document Number Only

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C T CORPORATION SYSTEM

660 East Jefferson Street

Requestor's Name

Tallahassee, Florida 32301

Address

(850) 222-1092

City

State

Zip

Phone

CORPORATION(S) NAME

000002884680--6

-05/24/99--01109--022

***1872.50 ***1872.50

Sun Life Trailer Rent & Leasing Partnership

99 MAY 24 PM 2:58
DIVISION OF CORPORATION

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☐ NonProfit
☐ Limited Liability Company
☐ Foreign

☐ Amendment

☐ Merger

☐ Dissolution/Withdrawal

☐ Mark

☒ Limited Partnership

☐ Annual Report

☐ Other

☐ Reinstatement

☐ Fict. Filing

☐ Change of R.A.

☐ Limited Liability Partnership

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MAY 24

File 2nd

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 MAY 24 PM 4:18

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 MAY 24 PM 4:18

1. SUN LIFE TRAILER RESORT 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. Arizona 4. December 23, 1997
(State of Formation) (Date of Formation)

5. C T Corporation System
(Name of Registered Agent for Service of Process)

6. c/o C T 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:
C T Corporation System

Connie Bryan Connie Bryan Special Asst. Sec.
(Agent must sign on this line)

8. 10607 North Hayden Road, Suite F-106, Scottsdale, Arizona 85260

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

9. NAMES OF GENERAL PARTNERS

STREET ADDRESS

CANEVA HOLDINGS, INC.

10607 North Hayden Rd. Suite F-106
Scottsdale, Arizona 85260

8996000502660

10. 10607 North Hayden Road, Suite F-106, Scottsdale, Arizona 85260
(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. SUN LIFE TRAILER RESORT LIMITED PARTNERSHIP

10607 North Hayden Road, Suite F-106
Scottsdale, Arizona 85260

(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 20th day of May, 19 99

CANEVA HOLDINGS, INC.

By [Signature]
Marc S. Caneva, General Partner
President

STATE OF ARIZONA

COUNTY OF MARICOPA

On this 20th day of May, 19 99

MARC S. CANEVA, President of CANEVA HOLDINGS, INC. 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: _____

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AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared MARC S. CANEVA, President of CANEVA HOLDINGS, INC.
a general partner of SUN LIFE TRAILER RESORT LIMITED PARTNERSHIP, a (an) Arizona
limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

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1. The amount of capital contributions of the limited partners is \$3,260,521.00
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$1,500,000.00

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.

This 20th day of May, 19 99

CANEVA HOLDINGS, INC.

BY

Marc S. Caneva, President
General Partner

STATE OF ARIZONA

COUNTY OF MARICOPA

On this 20th day of May, 19 99

MARC S. CANEVA, President of CANEVA HOLDINGS, INC. personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

Sandra L. Ames
(Notary Public Signature)

(Notary's Printed Name)



Seal

My Commission Expires: _____