

Document Number Only

B99000000276

C T Corporation System

Requestor's Name
660 East Jefferson Street

Address
Tallahassee, FL 32301 (850) 222-1092
City State Zip Phone

CORPORATION(S) NAME

600002920946-1
-07/01/99--01065--005
*****87.50 *****87.50

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 JUL 12 PM 5:09

Carlisle Equipment Group L.P.

- () Profit () Amendment () Merger
() NonProfit () Annual Report () Other
() Limited Liability Company () Reservation () Change of R.A.
() Foreign () Dissolution/Withdrawal () Mark () Fictitious Name
(x) Limited Partnership () Photo Copies () CUS / G/S
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THANK YOU ! MANDI KENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

July 1, 1999

C T CORPORATION SYSTEM

TALLAHASSEE, FL

SUBJECT: CARLISLE EQUIPMENT GROUP, L.P.
Ref. Number: W99000015351

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We have received your document for CARLISLE EQUIPMENT GROUP, L.P. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

C T CORPORATION SYSTEM must sign the R.A. acceptance statement in Item 7.

ALSO, before this partnership can be filed, its general partner -- CARLISLE GP, L.L.C. -- must be qualified 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) 487-6914.

Buck Kohr
Corporate Specialist

Letter Number: 199A00034799

walk-in / pickup

RECEIVED
99 JUL 12 AM 11:08

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

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

1. CARLISLE EQUIPMENT GROUP, 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

(State of Formation)

4. JUNE 3, 1999

(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

(City)

Florida 33324

(Zip Code)

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

C T Corporation System

CONNIE BRYAN

SPECIAL ASSISTANT SECRETARY

(Agent must sign on this line)

8. 1165 CAMP HOLLOW ROAD, WEST MIFFLIN, PA 15122

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

9. NAMES OF GENERAL PARTNERS

STREET ADDRESS

CARLISLE GP, L.L.C.

1165 CAMP HOLLOW ROAD

199000061072

WEST MIFFLIN, PA 15122

10. 1165 CAMP HOLLOW ROAD, WEST MIFFLIN, PA 15122

(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. 1165 CAMP HOLLOW ROAD, WEST MIFFLIN PA 15122

(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 29th day of JUNE

, 19 99

General Partner

STATE OF Pennsylvania

COUNTY OF Allegheny

On this 29th day of June, 19 99

DALE BUCKWALTER

personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

(Notary Public Signature)

Notarial Seal
Terri Georgulis, Notary Public
West Mifflin Boro, Allegheny County
(Notary's Commission Expires Jan. 6, 2001)
Member, Pennsylvania Association of Notaries

Seal

My Commission Expires: 1/6/01

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AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared Carlisle GP, L.L.C.


a general partner of Carlisle Equipment Group, 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 \$ 157,000
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 1570

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 29 day of June, 19 99


General Partner

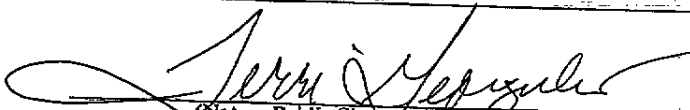
STATE OF Pennsylvania

COUNTY OF Allegheny

On this 29th day of June, 19 99

Dale A. Buckwalter, 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) Terri Georgulis, Notary Public
West Mifflin Boro, Allegheny County
My Commission Expires Jan. 6, 2001
Member, Real Estate Commission Expires _____

Seal

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