## City/State/Zip Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) L Pick up time <u>2</u>00 Walk in Certified Copy ■ Mail out ₩ill wait Photocopy Certificate of Status NEW FILINGS AMENDMENTS Profit Amendment NonProfit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger OTHER FILINGS REGISTRATION/ QUALIFICATION -Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark Other Examiner's Initials

CR2E031(1/95)

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

I. Globe Facilities Limite	ed Partnership	<u></u>
(Name of lin	nited partnership as it is in the home state)	
2		
(If name is unavailable, name under which the	he limited partnership proposes to register or transact business in Floridatain the word "LIMITED" or "LTD.")	ι;
must cont	tant the word Envirence of LID.)	
3. Delaware	4. May 12, 1999	<del></del> .
(State of Formation)	(Date of Formation)	Angi
5 Michel Sauer	Agent for Service of Process)  ive 2, Suite 290  et Address of Registered Office)  Florida 33609	<b>1</b> Ž
	Agent for Service of Process)	ň
(Name of Registered)	Agont for Service of Flocess)	
6. 5405 Cypress CenterrDri	rýge. Suite 290	200-
	eet Address of Registered Office)	03/53
	Ö,	EE
Tampa	Florida <u>33609</u>	<u> </u>
(City)	(Zip Code)	~ W
7. Acceptance by the Registered Agent for Se	ervice of Process:	
$\sim$		
H/ 11 hel &	B1114-	
/ <del></del> / <del></del> / ()	Agent must sign on this line)	- عصدتها
3. 5405 Cypress Center Dri	ve Suite 200	
	-vey bares 250	
Tampa, Florida 33609		
(Address of registered office required in	n state of formation or, if not required, address of principal office.)	4 . *
9. NAMES OF GENERAL PARTNERS	- STREET ADDRESS	- s- <u>im. A.</u>
	- STREET ADDRESS	•
Globe GP Inc.	F40F 0	··· <u>*</u>
02000 01 1110.	5405 Cypress Center Drive, Suite 290	" <del></del> ; <del>"=</del> ; .
OCCAINATE GSX		
P9900042688	Tampa, Florida 33609	- - <u>- 建工 建工</u>
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- 10. 5405 Cypress Center Drive, Suite 290, Tampa, Florida 33609 (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.

## Center Drive, Suite 290 Florida 33609 (Mailing Address of Limited Partnership) Under penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents and that the facts stated herein are true and correct. Signed this 11 day of August Globe GP STATE OF , 19<u>99</u> \_\_\_day of \_August\_ Michel personally appeared before me, who is personally known to me whose identity I proved on the basis of\_\_\_

My Commission Expires: Oct



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## AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP BEFORE ME the undersigned personally appeared Michel Sauers, Globe Facilities a general partner of Limited Partnership limited partnership, hereinafter referred to as the "Partnership", who certifies as follows: 1. The amount of capital contributions of the limited partners is $\frac{990,000}{}$ . 2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 243,571 =. 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. STATE OF Florida day of Acquist Michel Sauers \_, personally appeared before me, who is personally known to me whose identity I proved on the basis of \_\_\_



BONNIE H. FARNSWORTH MY COMMISSION # CC 589977 EXPIRES: October 1, 2000

My Commission Expires: Oct 1, 2000