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660 East Jefferson Street

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

CORPORATION(S) NAME

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*****87.50 *****87.50

NCRAS Management, LP

99 DEC 29 PM 3:49
DIVISION OF CORPORATIONS
SECRETARY OF STATE

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

1. NCRAS Management, LP
(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. December 20, 1999
(State of Formation) (Date of Formation)

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

6. 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:

Connie Bryan
(Agent must sign on this line)

CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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8. 200 South Andrews Avenue, Fort Lauderdale, Florida 33301

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

9. NAMES OF GENERAL PARTNERS

STREET ADDRESS

NCRAS-GP, Inc. 200 South Andrews Avenue

10. 200 South Andrews Avenue, Fort Lauderdale, Florida 33301
(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of the limited partner or limited partners until the limited partnership's registration in Florida is canceled or withdrawn.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. 200 South Andrews Avenue

Fort Lauderdale, Florida 33301

(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 28 day of December, 19 99

NCRAS-GP, Inc., General Partner

By: Jeff K. Simpson, Assistant Secretary

STATE OF Delaware

COUNTY OF New Castle

On this 28th day of December, 19 99

Jeffrey K. Simpson personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

Mackenzie Marie Van Ness
(Notary Public Signature)

Mackenzie Marie VanNess
(Notary's Printed Name)

Seal

My Commission Expires
MACKENZIE MARIE VANNESS
NOTARY PUBLIC-DELAWARE
My Commission Expires October 28, 2000



**AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED
PARTNERSHIP**

NCRAS-GP, Inc., General Partner
BEFORE ME the undersigned personally appeared Jeffrey K. Simpson, Assistant Secretary,

a general partner of NCRAS Management, LP, 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 \$ 999.00.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 999.00.

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 28 day of December, 1999.

NCRAS-GP, Inc., General Partner

By: Jeffrey K. Simpson, Assistant Secretary

STATE OF

Delaware

COUNTY OF

New Castle

On this 28 day of December, 1999.

Jeffrey K. Simpson personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

Mackenzie Marie Van Ness
(Notary Public Signature)

Mackenzie Marie Van Ness
(Notary's Printed Name)

Seal

My Commission Expires

MACKENZIE MARIE VANNESS
NOTARY PUBLIC-DELAWARE
My Commission Expires October 28, 2000