

ACCOUNT NO.

: 072100000032

REFERENCE :

592424

AUTHORIZATION

COST LIMIT

\$ 70.000

ORDER DATE:

February 17, 2000

ORDER TIME :

9:43 AM

ORDER NO. : 592424-005

CUSTOMER NO:

4814293

900003140169--9

CUSTOMER: Gina Legault, Paralegal

Dechert Price & Rhoads 30 Rockerfeller Plaza

22nd. Floor

New York, NY 10112

NAME:

HL JACKSONVILLE G.P., INC.

XXXX QUALIFICATION

(TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janine Lazzarini

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section Division of Corporations					G C	
	•					
SUBJECT: H	L JACKSONVI	LLE G.P., I	NC.	-		
	(Name of corporation - must include suffix)					
Dear Sir or Mad	lam:					
The enclosed "A "Certificate of I to transact busin	Existence", and	Foreign Corpo check are sub-	ration for Amitted to re	Authorization to Transac gister the above reference	t Business in Florida", sed foreign corporation	
Please return all	corresponden	ce concerning t	his matter t	o the following:		
	GINA LEGAU	GT				
			(Name of I	Person)		
	DECHERT PR	ICE & RHOAD	S		<u>-</u>	
		1-	(Firm/Con	pany)		
	30 ROCKEFE	LLER CENTER				
			(Addre	ss)		
	NEW YORK,	NY 10112				
			(City/Stat	e/Zip)		
Should you need to call someone concerning this matter, please call:						
GINA LEGAUL	T	atat) 698-3554		
(Name	of Person)		(Arca C	ode & Daytime Telephor	ne Number)	
STREET ADD	RESS:			MAILING ADDRESS:		
Qualification/Ta Division of Corp 409 E. Gaines S Tallahassee, FL	oorations t.			Qualification/Tax Lien S Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Enclosed is a cl	neck for the fol	lowing amount				
☐ \$70.00 Filin		78.75 Filing Fe Certificate of Sta		\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy	

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSAC BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1.	HL UACKS	MATRIE G.B., TMC.					
	(Name of corp	oration; must include the word "INC	ORPC	DRATED", "	C	OMPANY", "CORPORATION" or	
	words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a						
	natural person	or partnership if not so contained in th	e nam	ie at present.))		
2.	DELAWARE			3.	:	134090321	
	(State or count	ry under the law of which it is incorp	orate	(b:		(FEI number, if applicable)	
4.	DECEMBER :		5	PERPETU.	AI	L	
	(D:	ate of incorporation)		(Duration	1:	Year corp. will cease to exist or "perpetual")	_
6	upon fil:	ina					
٠.			EE C	ECTIONS 4	201	7.1501, 607.1502 and 817.155, F.S.)	
7.	C/O REAL	ESTATE CAPITAL PARTNERS	LIM	ITED PAR	T	NERSHIP	
	1185 AVENUE OF THE AMERICAS, NEW YORK, NY 10036-2601						
	***					30 200E	
		(Current m	ıaılın;	g address)			
8.	Real e	state transactions					
	(Purpos	c(s) of corporation authorized in hon	ne sta	te or country	y tı	o be carried out in state of Florida)	_
9.	Name and s	treet address of Florida register	ed a	gent: (P.O). J	Box or Mail Drop Box NOT acceptable)	
	Name:	Corporation Service Com	pany	7			
	1 (1111)						
Of	fice Address:	1201 Hays Street					
					•		
		Tallahassee			- ,	Florida, 32301	
						(Zip code)	
						•	

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

By: (Registered agent's signature)

^{11.} Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

, '	
A. DIRECTORS (Street address only - P.O. Box NOT acceptable)	
Chairman: See attached officers/directors rider	
Address:	
Vice Chairman:	S. S.
Address:	
Director:	
Address:	
Director:	
Address:	
B. OFFICERS (Street address only - P.O. Box NOT acceptable)	
President: See attached officers/directors rider	
Address:	ven.
Vice President:	
Address:	
Address:	
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing	g additional officers and/or directors.
13.	
(Signature of Chairman, Vice Chairman, or any officer lis	sted in number 12 of the application)
14. Robert L. Kinney Presiden	freezon cioning application)

OFER 18 PM W. SE

OFFICERS/ DIRECTORS RIDER

Name	Office	Address
Robert L. Kinney	President	1185 Avenue of the Americas New York, New York 10036
Karin E. Shewer	Vice President	1185 Avenue of the Americas New York, New York 10036
Martin D. Sass	Chairman	1185 Avenue of the Americas New York, New York 10036
Hugh R. Lamle	Vice President	1185 Avenue of the Americas New York, New York 10036
Robert McGee	Vice President	1185 Avenue of the Americas New York, New York 10036
Martin E. Winter	Vice President and Treasurer	1185 Avenue of the Americas New York, New York 10036
Fred M. Stone	Secretary	1185 Avenue of the Americas New York, New York 10036

State of Delaware Office of the Secretary of State

PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "HL JACKSONVILLE G.P., INC." IS DULY
INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN
GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE
RECORDS OF THIS OFFICE SHOW, AS OF THE ELEVENTH DAY OF FEBRUARY,
A.D. 2000.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES.
HAVE NOT BEEN ASSESSED TO DATE.

8 PM 4: 35

Edward J. Freel, Secretary of State

AUTHENTICATION:

0253858

001071145

3133923 8300

DATE: 02-11-00