

B00000000 398

CORPORATION(S) NAME

Deloitte & Touche Services, L.P.

~~D&T Services GP, LLC~~

FILED
00 DEC 28 PM 3:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****148.75 ****148.75

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|---|---|---|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Nonprofit | | |
| <input checked="" type="checkbox"/> Foreign | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| | <input type="checkbox"/> Reinstatement | |
| <input checked="" type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> LLC | <input type="checkbox"/> Name Registration | <input type="checkbox"/> Change of RA |
| | <input type="checkbox"/> Fictitious Name | <input type="checkbox"/> UCC |
| <input checked="" type="checkbox"/> Certified Copy | <input type="checkbox"/> Photocopies | <input checked="" type="checkbox"/> CUS |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Name _____
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Verifier _____
W.P. Verifier _____

12/28/00

Order#: 34898

Ref#: _____

Amount: \$ _____

File Second

3/12
12/28

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

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

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

00 DEC 28 PM 3:57 FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

1. Deloitte & Touche Services, 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. 11/15/00 (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 SPECIAL ASSISTANT SECRETARY (Agent must sign on this line)

8. 1209 Orange Street, Wilmington, Delaware 19801 (Address of registered office required in state of formation or, if not required, address of principal office.)

9. NAMES OF GENERAL PARTNERS STREET ADDRESS

D & T Services GP, LLC 4022 Sells Drive, Hermitage, TN 37076-2930

10. 4022 Sells Drive, Hermitage, TN 37076-2930 (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. 4022 Sells Drive, Hermitage, TN 37076-2930

(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 22nd day of December, 2000

Doug Watts Authorized Person
General Partner

STATE OF Tennessee

D & T Services GP, LLC,
its General Partner

COUNTY OF Davidson

By:
Name:
Title:

On this 22nd day of December, 2000

Doug Watts personally appeared before me,

who is personally known to me

whose identity I proved on the basis of _____

Jennifer Gossett
(Notary Public Signature)

Jennifer Gossett
(Notary's Printed Name)

Seal

My Commission Expires: May 30, 2004

00 DEC 28 PM 3:57
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR FOREIGN LIMITED PARTNERSHIP

FILED
DEC 28 PM 3:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BEFORE ME the undersigned personally appeared _____
a general partner of Deloitte & Touche Services, 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 \$ 99.00.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 1.00.

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 22 day of December, 2000.

[Signature]
General Partner

D & T Services GP, LLC,
its General Partner

STATE OF Tennessee
COUNTY OF Davidson

By:
Name:
Title:

On this 22nd day of December, 2000.

Doug Watts, personally appeared before me,

who is personally known to me

whose identity I proved on the basis of _____

[Signature]
(Notary Public Signature)

Jennifer Gossett
(Notary's Printed Name)

Seal

My Commission Expires: May 30, 2004