

ACCOUNT NO. : 07210000032

REFERENCE: 454710

7122935

AUTHORIZATION

ancia

COST LIMIT :

\$ 1,785.060

ORDER DATE: August 31, 2001

ORDER TIME : 12:06 PM

ORDER NO. : 454710-010

CUSTOMER NO:

7122935

CUSTOMER: Ms. Robin Gordon

Law Offices Of Michael Lapat

Suite 311

3300 University Drive Coral Springs, FL 33065

FOREIGN FILINGS

NAME:

SELECT CAPITAL PARTNERS LP

**********FILE 2ND***********

XXXX QUALIFICATION (TYPE: LP)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX ____ PLAIN STAMPED COPY

W.

CONTACT PERSON: Darlene Ward -- EXT# 1135

EXAMINER:

DIVISION OF CORPORATION

01 SEB SI BN 1:01

BECEIVED

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

| 1 SELECT CAPITAL PARTNERS LP | | |
|--|--|---------|
| (Name of limited parts | thership as it is in the home state) | |
| | | |
| 2 | | _ |
| (If name is unavailable, name under which the limited must contain the w | d partnership proposes to register or transact business in Florid word "LIMITED" or "LTD.") | ia: |
| 3. Delaware | 4. | |
| (State of Formation) | (Date of Formation) | |
| 5 Corporation Service Company | | |
| (Name of Registered | Agent for Service of Process) | |
| 6.1201 Hays Street | | |
| (Street Addres | ess of Registered Office) | |
| | AEC | |
| Tallahasses | Florida 32301 | **** |
| (City) | (Zip Code) AAS | Ī |
| | SEE | 1 |
| 7. Acceptance by the Registered Agent for Service of | Process: | |
| Corporation Service Co | n white sin is |) T. |
| (Agent mu | ust sign on this line) | |
| 8. 2711 Centerville Road, Suite 400 | | |
| Wilmington, Delaware 19808 | | |
| (Address of registered office required in state of | of formation or, if not required, address of principal office.) | |
| 9. NAMES OF GENERAL PARTNERS | STREET ADDRESS | |
| | | |
| Select Capital Management LLC | 410 Ware Boulevard, Suite 411_ | |
| LD1000014239 | | |
| | Tampa, Florida 33619 | |
| | = | |
| | · | |
| | | |
| | | |
| 10 Select Capital Management, LLC, | , 410 Ware Blvd., #411, Tampa, FL 33619 | |

(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

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of the limited partner or limited partners until the limited partnership's registration in Florida is canceled or withdrawn.

Kindria Kappel
(Notary Public Signature)

OFFICIAL NOTARY SEAL

(Notary's minted Name NDREA KAPPEL

NOTARY PUBLIC STATE OF FLORIDA

COMMISSION NO. CC965835

MY COMMISSION EXP. SEPT 5,2004

Seal

My Commission Expires:

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

| BEFORE ME the undersigned personally appeared Select Capital Managene | ent, Lic, GP, by Clarence Beni |
|--|--------------------------------------|
| a general partner of Select Capital Partners 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 \$400,000 | , . |
| 2. The anticipated amount of the capital contributions of the limited partners that are all | ocated for the numbers of |
| transacting business in Florida is \$ 1,000,000 | · |
| transferring business in Frontide to 5 = Frontier . | • |
| Under the penalties of perjury I, being duly sworn, declare that I have read the foregoin | ng and know the contents thereof and |
| that the facts stated herein are true and correct. | • |
| 1270 | .a. |
| Signed this 13/1 day of September, 2001, | रामकं क्रम - वि क्रिक |
| Select Capital Management, LTC | S S |
| TO SALA VIII | S - |
| Clarence Bennett General Partner | |
| | SHE T |
| COLUMN OF FIGURE | 理の足の |
| STATE OF Florida | 08 A |
| COUNTY OF tillsborough | विसं ५ |
| On this 13 Th day of September, 2001 | <u>-</u> |
| | • |
| Clarence Bennett , personally app | eared before me, |
| | |
| who is personally known to me | |
| whose identity I proved on the basis of | |
| FL Driver License # B530 106 54 2170 | |
| | |
| Kendria Kapoil | |
| (troum & t state at Standard) | <u>,</u> |
| | ~ |
| (Notary's Printed Name) OFFICIAL NOTARY SEAL (KENDREA KAPPEL KENDREA KAPPEL | |
| NOTARY PUBLIC STATE OF FLORIDA COMMISSION NO. CC965835 | |
| Scal My Commission Expires: MY COMMISSION EXP. SEPT 5,2004 | |