



Eagle Investment, L.L.C.  
4141 N.W. 5<sup>TH</sup> Street, Suite 100, FL 33317

FILED

2004 MAR 22 A 10: 14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FAX TRANSMITTAL

DATE: 3 - 20 - 04

TO: CECIL D'AGUILAR

FAX NO. (954) 581-9916

Number of pages (including cover page):

Message/Remarks: ENCLOSED

1 CERTIFICATE UNDER SEAL (EACH)

Duplicate Copies				FEES + CERT UNDERSEAL
	①	QUIF LTD PARTNERSHIP		113 1 75
"	②	CPS LTD	"	113 75
"	③	IN-LAUD LTD	"	\$113. 75

CK # 2748 # 341. 75

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

**FILED**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. C.P.S. LIMITED PARTNERSHIP  
(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. NORTH CAROLINA 4. MARCH 1ST 2004  
(State of Formation) (Date of Formation)

5. CECIL D'AGUILAR  
(Name of Registered Agent for Service of Process)

6. 4141 N.W. 5<sup>th</sup> STREET suite #100  
(Street Address of Registered Office)

PLANTATION, Florida FLORIDA 33317  
(City) (Zip Code)

7. Acceptance by the Registered Agent for Service of Process:

Cecil D'Aguilas  
(Agent must sign on this line)

8. \_\_\_\_\_

2330 LAKEVIEW Church DRIVE PARKTOU N.C 28371  
(Address of registered office required in state of formation or, if not required, address of principal office.)

9. NAMES OF GENERAL PARTNERS STREET ADDRESS

FALCON ENTERPRISS LLC - CECIL D'AGUILAR MANAGER  
LOI-19218

\_\_\_\_\_

\_\_\_\_\_

10. 4141 N.W. 5<sup>th</sup> STREET suite 100 Plantation FL 33317  
(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of the limited partner or limited partners until the limited partnership's registration in Florida is canceled or withdrawn.

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12.

4441 N.W. 5<sup>th</sup> Street #100 Plantation FL 33317  
(Mailing Address of Limited Partnership)

2004 MAR 22 A 10:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 20 day of MARCH, 2004.

FALEON ENTERPRISE LLC - CECIL DAGUILON - MANAGER.  
General Partner

STATE OF FLORIDA

COUNTY OF BROWARD

On this 20 day of MARCH, 2004.

Cecil Daguilon, personally appeared before me,

who is personally known to me

whose identity I proved on the basis of \_\_\_\_\_

[Signature]  
(Notary Public Signature)

Georgia Mayard  
(Notary's Printed Name)



Georgia Mayard  
My Commission DD121814  
Expires May 30, 2006

Seal

My Commission Expires: 5-30-06

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

FILED

BEFORE ME the undersigned personally appeared CECIL DAGUILAN - MANUAGAN <sup>MAR 22 A 10:14</sup> a general partner of C.P.S LIMITED PARTNERSHIP (an) FALEON ENTERPRISE LLC limited partnership, hereinafter referred to as the "Partnership", who certifies as follows: SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

- 1. The amount of capital contributions of the limited partners is \$25,000.
- 2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$10,000.

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 20 day of MARCH 2004.

FALEON ENTERPRISE LLC - CECIL DAGUILAN - MANUAGAN  
General Partner

STATE OF FLORIDA

COUNTY OF BROWARD

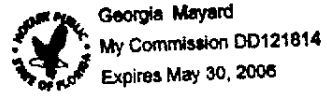
On this 20 day of MARCH 2004,

Cecil Daguilan, personally appeared before me,

- who is personally known to me
- whose identity I proved on the basis of \_\_\_\_\_

\_\_\_\_\_  
(Notary Public Signature)

Georgia Mayard  
(Notary's Printed Name)



Seal My Commission Expires: 5-30-06



# NORTH CAROLINA

## Department of The Secretary of State

To all whom these presents shall come, Greetings:

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify the following and hereto attached to be a true copy of

### CERTIFICATE OF DOMESTIC LIMITED PARTNERSHIP

OF

### C.P.S. LIMITED PARTNERSHIP

the original of which was filed in this office on the 1st day of March, 2004.



IN WITNESS WHEREOF, I have hereunto  
set my hand and affixed my official seal at the  
City of Raleigh, this 1st day of March, 2004

*Elaine F. Marshall*

Secretary of State