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(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) DICK-UP WAIT MAIL (Business Entity Name) (Document Number) Special Instructions to Filing Officer:	
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Pertified Copies Certificates of Status	(Requestor's Name)
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Office Use Only



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O7 JAN 31 AM 9: 15 SECRETARY OF STAT



ACCOUNT NO. : 07210000032

REFERENCE: 718809 4307439

AUTHORIZATION :

COST LIMIT : \$ PPD

ORDER DATE: January 18, 2007

ORDER TIME: 10:55 AM

ORDER NO. : 718809-005

CUSTOMER NO: 4307439

FOREIGN FILINGS

le second

NAME: RBA CAPITAL, LP

XXXX QUALIFICATION (TYPE: LP)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY

XX ___ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Heather Chapman -- EXT# 2908

EXAMINER:

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP TO TRANSACT BUSINES IN FLORIDA

·	
APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP TO TRANSACT BUSINES IN FLORIDA 1. RBA Capital, LP (Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix) Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.	THOUSE STATES
•	
(If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact business in Florida; must contain acceptable suffix.)	•
2. Commonwealth of Pennsylvania 3. October 4, 2006	
(State or Country of Formation) (Date of Formation)	
A Company Company Company	
4. Corporation Service Company (Name of Registered Agent for Service of Process)	
(Name of Registered Agent for Service of Process)	
5. 1201 Hays Street	
(Florida street address for Registered Agent)	
Tallahassee, FL 32301	
6. 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 an accept the obligations of my position as registered agent.	-
By: Signature of Registered Agent	
7. 150 N. Radnor Chester Road, Suite E310, Radnor, PA 19087	
(Principal office address)	
8. If limited partnership is a limited liability limited partnership, check box	

Page 1 of 3

(Mailing address) 10. Name, principal office address, and mailing address of each general partner:				
(Name)	(Street Address) Radnor, PA 19087			
	(Mailing Address)			
(Name)	(Street Address)			
	(Mailing Address)			
(Name)	(Street Address)			
	(Mailing Address)			
(Name)	(Street Address)			
	(Mailing Address)			

Page 2 of 3

(Name)		(Street Address)
		(Mailing Address)
(Name)		(Street Address)
		(Mailing Address)
11. Effective date, if other than the date o	f filing:	
(Effective date cannot be prior to n filed by the Florida Department of		days after the date this document is
to the delivery of this application to	o the Florida Dep	nticated, not more than 90 days prior partment of State, by the Secretary of records in the jurisdiction under the
Signed this 27 day	of January	,20_ ⁰⁷
Signature of a general partner:		
Filing Fees: Certified Copy (optional): Certificate of Status (optional):	\$1,000.00 (\$96 \$52.50 \$8.75	65 Filing Fee and \$35 Registered Agent Fee)

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

JANUARY 22, 2007

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

RBA CAPITAL, LP

is duly registered as a Limited Partnership under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Secretary of the Commonwealth

Certification Number: 6472504-1 Verify this certificate online at http://www.corporations.state.pa_us/corp/soskb/verify.asp