

Division of Corporations

**B080000002**

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5926

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TALLAHASSEE, FLORIDA

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**FLORIDA/FOREIGN LP/LLLP**

Unifam, L.P.

Certificate of Status	1
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M. Thomas JAN 7 2008

Electronic Filing Menu

Corporate Filing Menu

Help

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR  
LIMITED LIABILITY LIMITED PARTNERSHIP  
TO TRANACT BUSINESS IN FLORIDA

1. UNIFAM, L.P.  
(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.

(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. Delaware 3. 6/25/1997  
(State or Country of Formation) (Date of Formation)

4. CT Corporation System  
(Name of Registered Agent for Service of Process)

5. 1200 South Pine Island Road, Plantation, Florida 33324  
(Florida street address for Registered Agent)

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 and accept the obligations of my position as registered agent.

CT Corporation System

By: Barbara A. Burke Barbara A. Burke  
Signature of Registered Agent Special Assistant Secretary

7. 4600 Military Trail, Suite 222, Jupiter, FL 33458  
(Principal office address)

8. If limited partnership is a limited liability limited partnership, check box

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9. 4600 Military Trail, Suite 222, Jupiter, FL 33458  
(Mailing address)

10. Name, principal office address, and mailing address of each general partner:

Metis Management, LLC

(Name)

MO7-118

4600 Military Trail, Suite 222

(Street Address)

Jupiter, FL 33458

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

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(Name)	(Street Address)
_____	_____
_____	(Mailing Address)

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11. Effective date, if other than the date of filing: \_\_\_\_\_

*(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)*

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this 3rd day of January, 2008

Signature of a general partner:

*Suzanne Sobanz*  
 for Metis Management, LLC

Filing Fees:	\$1,000.00 (S965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75

# Delaware

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*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "UNIFAM, L.P." IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRD DAY OF JANUARY, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



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You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6281855

DATE: 01-03-08