

B 09000000168

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

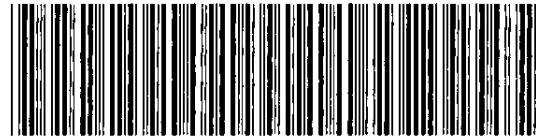
(Business Entity Name)

(Document Number)

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RECEIVED  
09 NOV 13 PM 2:56  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 NOV 13 PM 4:39

B. KOHR

NOV 13 2009

EXAMINER

SPIEGEL & UTRERA, P.A.

(Requestor's Name)

1840 SOUTHWEST 22 STREET, 4TH FLOOR

MIAMI, FL 33145 - (305) 854-6000

FILED STATE  
SECRETARY OF CORPORATIONS  
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CORPORATION NAME(S) & DOCUMENT NUMBER(S)  
(if known):

OFFICE USE ONLY

1. PDP MANAGEMENT LP, which will do business in FL as PDP MANAGEMENT GROUP, LP  
 (Corporation Name) (Document #)
2. \_\_\_\_\_  
 (Corporation Name) (Document #)
3. \_\_\_\_\_  
 (Corporation Name) (Document #)
4. \_\_\_\_\_  
 (Corporation Name) (Document #)

Walk-In  Pick up time \_\_\_\_\_  Certified Copy

Mail out  Will wait  Photocopy  Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input checked="" type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

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

FILED STATE  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
09 NOV 13 PM 4:39

1. PDP MANAGEMENT, 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 Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P.  
or LLLP.

~~PDP MANAGEMENT GROUP, LP~~

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. 4/11/2002  
State or Country of Formation Date of Formation

4. SPIEGEL & UTRERA, P.A.  
Name of Registered Agent for Service of Process

5. 1840 SW 22nd Street, 4th Floor  
Florida street address for Registered Agent

Miami, FL 33145

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.

Natalia Utrera, VICE-PRESIDENT  
Signature of Registered Agent

7. 223 Sunset Avenue, Suite 223  
Principal office address

Palm Beach, FL 33480

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

9. 223 Sunset Avenue, Suite 223  
(Mailing address)

Palm Beach, FL 33480

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

PDP Management LLC  
Name

223 Sunset Ave.  
Street Address

Suite 223

Palm Beach, FL 33480  
Mailing Address

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Mailing Address

_____ Name	_____ Street Address
_____ Name	_____ Mailing Address
_____ Name	_____ Street Address
_____ Name	_____ Mailing Address

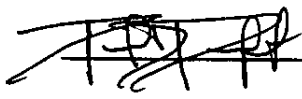
11. Effective date, if other than the date of filing: UPON FILING

*(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 4<sup>th</sup> day of November, 2009

Signature of a general partner:

 MANAGER OF GP  
POP MAN LLC

Paul Pomfret

Filing Fees: \$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)  
 Certified Copy (optional): \$ 52.50  
 Certificate of Status (optional): \$ 8.75

# Delaware

PAGE 1

*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PDP MANAGEMENT, LP" 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 NINTH DAY OF NOVEMBER, A.D. 2009.

3526254 8300

091002510

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



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 7631446

DATE: 11-09-09