

Division of Corporations

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Florida Department of State
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FOREIGN LIMITED PARTNERSHIP

CM LEJEUNE, LP

Certificate of Status	1
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Page Count	04
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Florida Dept of State



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

July 12, 2005

WHITE & CASE

SUBJECT: CM LEJEUNE, LLLP
REF: W05000033240

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

Please show the name in line 1 as follows: CM LEJEUNE, LLLP, LTD. This is the way the name will be filed in our office. Also, it is unclear what figure appears in line 2 of your Affidavit. The figure in line 1 does not include a decimal point, and it is unclear whether the figure in line 2 includes a decimal point or only commas.

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Lee Rivers
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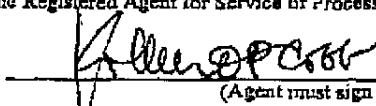
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Fax Audit No. H05000166943

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

1. CM LEJEUNE, LLLP
(Name of limited partnership as it is in the home state)
2. CM LEJEUNE, LLLP, LTD.
(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. DELAWARE 4. May 5, 2005
(State of Formation) (Date of Formation)
5. Kolleen O.P. Cobb
(Name of Registered Agent for Service of Process)
6. 355 Alhambra Circle, Suite 900
(Street Address of Registered Office)
Coral Gables, Florida 33134
(City) (Zip Code)
7. Acceptance by the Registered Agent for Service of Process:

(Agent must sign on this line)
8. 3500 South Dupont Highway
Dover, DE 19901
(Address of registered office required in state of formation or, if not required, address of principal office.)
- | 9. NAMES OF GENERAL PARTNERS | STREET ADDRESS |
|------------------------------|---------------------------------------|
| <u>CM LEJEUNE, INC.</u> | <u>355 Alhambra Circle, Suite 900</u> |
| <u>LOS-28146</u> | <u>Coral Gables, FL 33134</u> |
10. 355 Alhambra Circle, Suite 900, Coral Gables, FL 33134
(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.

CONTINUED

Fax Audit No. H05000166943

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12. 355 Alhambra Circle, Suite 900

Coral Gables, FL 33134

(Mailing Address of Limited Partnership)

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 _____ day of July, 2005

SM LeJeune, Inc.

By: [Signature]
General Partner

STATE OF Florida

COUNTY OF Miami-Dade

On this 28 day of July, 2005

_____, personally appeared before me,

☒ who is personally known to me☐ whose identity I proved on the basis of _____[Signature]
(Notary Public Signature)Ann C. Lopez
(Notary's Printed Name)

Seal

My Commission Expires: _____

Ann C. Lopez
My Commission ID188845
Expires April 03, 200705 JUL 12 AM 8:44
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TALLAHASSEE, FLORIDA

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AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared Kolleen O.P. Cobb, Secretary
a general partner of CM LeJeune, LLP, LTD., 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.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 100,000.

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 _____ day of July, 2005.

CM LeJeune, Inc.

By: [Signature]
General Partner

STATE OF Florida

COUNTY OF Miami-Dade

On this 8 day of July, 2005.

_____, personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

[Signature]
(Notary Public Signature)

Ana C. Lopez
(Notary's Printed Name)



Ana C. Lopez
My Commission DD199645
Expires April 03, 2007

Seal My Commission Expires: _____

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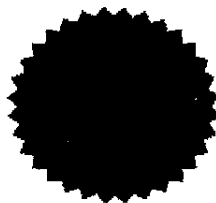
Delaware

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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CM LEJEUNE, LLLP" 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 FIRST DAY OF JULY, A.D. 2005.

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05 JUL 12 AM 8:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 3996751

DATE: 07-01-05

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