

B06000000423

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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11/16/06--01015--007 **901.25

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 NOV 20 AM 10:52

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: POLARIS FUND ONE, L.P.
(Name of Limited Liability Company)

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

ZIYAD MNEIMNEH
(Name of Person)

POLARIS FUND ONE GP, L.L.C.
(Firm/Company)

2168 SE DESTIN DRIVE
(Address)

PORT ST. LUCIE, FL. 34952
(City/State and Zip Code)

For further information concerning this matter, please call:

ZIYAD MNEIMNEH at (305) 915.3222
(Name of Person) (Area Code & Daytime Telephone Number)

MAILING ADDRESS:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

1. POLARKS FUND ONE, 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

(State or Country of Formation)

3. 08.11.06

(Date of Formation)

4. ZIYAD MNEIMNEH

(Name of Registered Agent for Service of Process)

5. 2168 DESTIN DRIVE

(Florida street address for Registered Agent)

PORT ST. LUCIE, FL. 34952

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.


Signature of Registered Agent

7. 2168 DESTIN DRIVE

(Principal office address)

PORT ST. LUCIE, FL. 34952

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

9. 2168 DESTIN DRIVE
(Mailing address)

PORT ST. LUCIE, FL. 34952

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

| | |
|-----------------------------------|----------------------------------|
| <u>POLARIS FUND ONE G.P., LLC</u> | <u>2168 DESTIN DRIVE</u> |
| (Name) | (Street Address) |
| <u>LD5-1191089</u> | <u>PORT ST. LUCIE, FL. 34952</u> |

| | |
|----------|-------------------|
| <u>—</u> | (Mailing Address) |
| | <u>(SAME)</u> |

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| <u>—</u> | (Street Address) |
| (Name) | |

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| <u>—</u> | (Mailing Address) |
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| <u>—</u> | (Street Address) |
| (Name) | |

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| <u>—</u> | (Mailing Address) |
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| <u>—</u> | (Street Address) |
| (Name) | |

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| <u>—</u> | (Mailing Address) |
| | |

(Street Address)

(Name)

(Street Address)

(Mailing Address)

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DIVISION OF CORPORATIONS
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3

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "POLARIS FUND ONE, 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 EIGHTEENTH DAY OF SEPTEMBER, A.D. 2006.

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5047701

DATE: 09-18-06