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STATEMENT OF QUALIFICATION FOR FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP

1. The name of the limited partnership as identified in the records of the Florida Department of State: BERESHIT B"H - GENESIS LLLP .
Insert limited partnership's Florida document number: or Attach Certificate of Limited Partnership, Affidavit of Capital Contributions and applicable limited partnership filing fees.
2. The complete name of the entity after filing Statement of Qualification shall be:
BERESHIT B"H - GENESIS LLLP
(Must include LLLP or L.L.L.P.)
3. The street address of its chief executive office: 9409 VIA PALMA OFIA, APOPKA FL (if different from current recorded address):
4. The street address of principal office in Florida: SAME MYOVE (if different from above)
5. The limited partnership hereby elects to be a limited liability limited partnership. 6. The effective date of this filing shall be:
MARIA BEREZOVSKY 그 무대
9409, VIA PALMA CEIA APOPKA Florida 32703
The execution of this statement as a partner constitutes an affirmation under the penalties of perjury that the facts stated herein are true.
Signed this 21 day of OCTOBER , 2003 . Signature of TWO Partners:
Typed or printed names of partners signing above: MARIA BEREZOVSKY

Filing Fee: \$25.00 Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75