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(Business Entity Name)

(Document Number)

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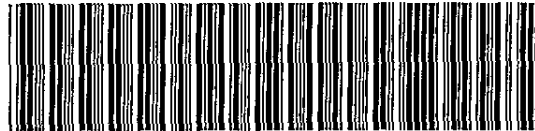
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Office Use Only

W03-36892



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W03-03-00119-001 441955.001

FILED  
OFFICE  
MAY 21 2017

November 21, 2003

Division of Corporations  
Department of State  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: Greene Asset Management Limited  
Greene Asset Management, Inc.

To Whom It May Concern:

Enclosed is the original of the Articles of Organization of the captioned proposed Corporation. Please file the original. Also enclosed is the original of the Certificate of Limited Partnership of the captioned proposed limited partnership. Please file the original. A check in the amount of \$1855.00 is enclosed to cover the \$1,750.00 partnership filing fee, the \$35.00 Registered Agent fee, the \$35.00 registered agent designation (for the corporation) and the \$35.00 filing fee for the corporation.

Please note that both of the captioned entities are owned by the same persons and consent is given to the use of similar entity names.

Sincerely,



Peter Blatt, Esq.

Enclosures



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

December 6, 2003

PETER A. BLATT ESQ  
800 VILLAGE SQUARE CROSSING STE. 204  
PALM BEACH GARDENS, FL 3341

SUBJECT: GREENE ASSET MANAGEMENT LIMITED  
Ref. Number: W03000036892

RECEIVED  
CLERK OF THE COURT  
JAN 31 PM 2:17

We have received your document for GREENE ASSET MANAGEMENT LIMITED and your check(s) totaling \$1855.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Every corporation, limited partnership, general partnership, limited liability company or trust listed as a general partner of a limited partnership, general partnership, or registered limited liability partnership must have an active registration/filing on file with this office before this filing will be completed. We are enclosing the appropriate instructions and/or forms for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas  
Document Specialist

Letter Number: 803A00065676

**CERTIFICATE OF LIMITED PARTNERSHIP  
OF  
GELJAY LIMITED PARTNERSHIP**

As a Certificate of Limited Partnership pursuant to F.S. § 620.108, the undersigned certifies:

1. The name of this limited partnership is **GELJAY LIMITED PARTNERSHIP**

2. The address of the principal office and the name and address of the agent for service of process are:

Principal Office Address:

7275 Sedona Way  
Delray Beach, FL 33446

Registered Agent's Name and Address:

PETER A. BLATT, ESQ.  
800 Village Square Crossing, Suite 204  
Palm Beach Gardens, FL 33410

The names and addresses of the General Partners are:

GELJAY, INC. - **P04000055384**  
7275 Sedona Way  
Delray Beach, FL 33446

3. The mailing address for the limited partnership is:

7275 Sedona Way  
Delray Beach, FL 33446

4. If not dissolved sooner by unanimous vote of the General Partner, this limited partnership shall dissolve December 31, 2052.

WHEREFORE, the undersigned has executed this Certificate as General Partner of the GELJAY, INC. as of the date set forth below.

**GENERAL PARTNER**

GELJAY, INC.

  
JONATHAN I. GREENE, President

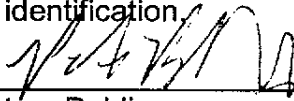
STATE OF FLORIDA  
COUNTY OF PALM BEACH

Subscribed and sworn to before me on behalf of GELJAY, INC., by JONATHAN I. GREENE, its president, on the 1st day of January, 2004, who personally appeared before me. JONATHAN I. GREENE is personally known to me or has produced \_\_\_\_\_ as identification.

(SEAL)



**Peter Blatt**  
Commission # DD262325  
Expires October 27, 2007  
Bonded Troy Fair - Insurance Inc. 800-385-7019

  
Notary Public \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_  
My Commission number is: \_\_\_\_\_

04 MAR 31 PM 2:17  
P.L.M. S&S, FLORIDA

**CERTIFICATE DESIGNATING PLACE OF  
BUSINESS OR DOMICILE FOR THE SERVICE  
OF PROCESS WITHIN THIS STATE, NAMING  
AGENT UPON WHOM PROCESS MAY BE SERVED**

In pursuance of Chapter 48.091, Florida Statutes, the following is submitted in compliance with said Act:

That GELJAY LIMITED PARTNERSHIP desiring to organize under the laws of the State of Florida, has named PETER A. BLATT, ESQ., located at the Registered Office of the corporation at 800 Village Square Crossing, Suite 204, Palm Beach Gardens, Florida 33410, as its Registered Agent to accept service of process within this state.

**ACKNOWLEDGMENT:**

Having been named to accept service of process for the above stated limited partnership at the place designated in this Certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.

  
\_\_\_\_\_  
PETER A. BLATT, ESQ.,  
Registered Agent

FILED/REGISTERED

04 MAR 31 PM 2:17

2017

## AFFIDAVIT OF CAPITAL CONTRIBUTIONS

The undersigned constituting all of the general partners of GELJAY LIMITED PARTNERSHIP, a Florida limited partnership, certify:

The amount of capital contributions to date of the limited partners is \$10.00.

The total amount contributed and anticipated to be contributed by the limited partners at this time is \$3,740,000.

FURTHER AFFIANT SAYETH NOT.

***Under the penalties of perjury, I declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.***

GELJAY, INC.

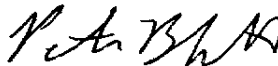
  
JONATHAN I. GREENE, President

STATE OF FLORIDA  
COUNTY OF PALM BEACH

Subscribed and sworn to before me on behalf of GELJAY LIMITED PARTNERSHIP, by JONATHAN I. GREENE, President of its General Partner, on the 30 day of December, 2003, who personally appeared before me. JONATHAN I. GREENE is personally known to me or has produced \_\_\_\_\_ as identification.



**Peter Blatt**  
Commission # DD262325  
Expires October 27, 2007  
Bonded Troy Farm Insurance Inc. 800-385-7019



Notary Public \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_  
My Commission number is: \_\_\_\_\_