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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

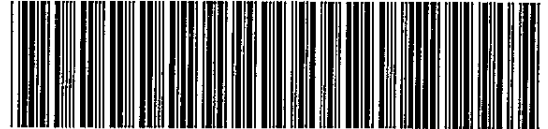
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

789,611,671

Office Use Only

WOS-16101



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Law Offices
Maureen Healey Kennon, P.A.

Maureen Healey Kennon, P.A.

Jeanna B. Carroll

TOWN EXECUTIVE CENTER
6100 GLADES ROAD, SUITE 210
Boca Raton, Florida 33431

TELEPHONE (561) 482-5622
Fax (561) 482-3432

March 24, 2005

Secretary of State
Division of Corporations
Bureau of Corporate Records
Post Office Box 6327
Tallahassee, Florida 32314

Re: ALIMAR, LTD

Ladies and Gentlemen:

Enclosed is an original and one copy of the Certificate of Limited Partnership of ALIMAR, LTD, an Affidavit of Capital Contributions and a check in the amount of \$577.50 payable to Florida Department of State, representing the \$490.00 filing fee, \$35.00 for designation of agent and \$52.50 for a certified copy of the Certificate of Limited Partnership. Kindly accept the enclosed for filing.

Please return a certified copy of the Certificate of Limited Partnership to my office. I enclose a self-addressed stamped envelope for your convenience.

Thank you for your cooperation in this matter. If you have any questions, please feel free to call.

Sincerely,

Jeanna B. Carroll

Jeanna B. Carroll
JBC/

Enclosures

cc: Maureen Healey Kennon, Esq.
Ananda Cifre

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

March 30, 2005

MAUREEN HEALEY KENNON
6100 GLADES ROAD STE 210
BOCA RATON, FL 33434

SUBJECT: ALIMAR, LTD
Ref. Number: W05000016101

We have received your document for ALIMAR, LTD and your check(s) totaling \$577.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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: 805A00021539

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Law Offices
Maureen Healey Kennon, P.A.

Maureen Healey Kennon, P.A.
Jeanna B. Carroll

TOWN EXECUTIVE CENTER
6100 GLADES ROAD, SUITE 210
Boca Raton, Florida 33434

TELEPHONE (561) 482-5622
Fax (561) 482-3432

April 4, 2005

Marsha Thomas, Documents Specialist
Secretary of State
Division of Corporations
Bureau of Corporate Records
Post Office Box 6327
Tallahassee, Florida 32314

Re: ALIMAR, LTD

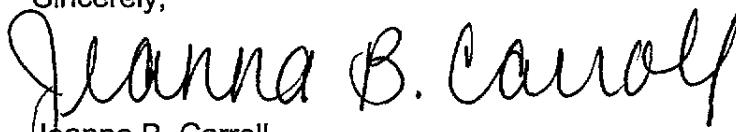
Dear Ms. Thomas:

I am in receipt of your correspondence dated March 30, 2005. Pursuant to your request, enclosed is an original and one copy of the Certificate of Limited Partnership of ALIMAR, LTD, signed by the Registered Agent, Maureen Healey Kennon. Kindly accept the enclosed for filing.

Please return a certified copy of the Certificate of Limited Partnership to my office. I enclose a self-addressed stamped envelope for your convenience.

Thank you for your cooperation in this matter. If you have any questions, please feel free to call.

Sincerely,

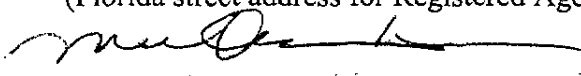
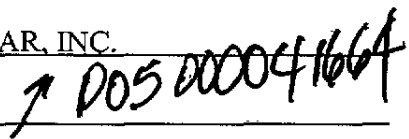

Jeanna B. Carroll
JBC/

Enclosures

cc: Maureen Healey Kennon, Esq.
Ananda Cifre

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF LIMITED PARTNERSHIP

1. ALIMAR, LTD
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd." or "Limited Partnership")
2. 6356 NW 26th Terrace, Boca Raton, FL 33496
(Business Address of Limited Partnership)
3. Maureen Healey Kennon
(Name of Registered Agent for Service of Process)
4. 6100 Glades Road, Suite #210, Boca Raton, FL 33434
(Florida street address for Registered Agent)
5. 
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)
6. 6356 NW 26th Terrace, Boca Raton, FL 33496
(Mailing Address of the Limited Partnership)
7. The latest date upon which the Limited Partnership is to be dissolved is: 2098
8. Name(s) of general partner(s): ALIMAR, INC. street address: 6356 NW 26th Terrace, Boca Raton, FL 33496


SEC. OF STATE
TALLAHASSEE, FLORIDA

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

Signed this 24th day of March, 2005.

Signature of all general partners:

ALIMAR, INC., general partner

By: 
ANANDA CIFRE, President

**AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR FLORIDA LIMITED
PARTNERSHIP**

The undersigned, constituting all of the general partners of ALIMAR, LTD., a Florida Limited Partnership certify:

The amount of capital contribution of the limited partners to date is \$70,000.00. The total amount contributed and anticipated to be contributed by the limited partners at this time totals \$70,000.00.

Signed on March 24, 2005.

FURTHER AFFIANT SAYETH NOT.

Under 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.

ALIMAR, INC., General Partner

By: *Ananda Cifre*
ANANDA CIFRE, President

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF FLORIDA)

) SS.

COUNTY OF PALM BEACH)

BEFORE ME, the undersigned officer, a Notary Public authorized to administer oaths and take acknowledgements in and for the State and County set forth above, personally appeared ANANDA CIFRE, President of ALIMAR, INC., known to me and known by me to be the person who executed the foregoing Affidavit of Capital Contributions, and she acknowledged to me and before me that she executed this Affidavit as an officer of the General Partner of ALIMAR, LTD.

SUBSCRIBED AND SWORN to before me this 24th day of March, 2005.



Jeanna B. Carroll
Notary Public, State of Florida
My Commission No.: DD 361556
My Commission Expires: 11/6/08
Personally Known NO (yes/no)
Produced DRIVERS license as identification.

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SECRETARY OF STATE
TALLAHASSEE FLORIDA