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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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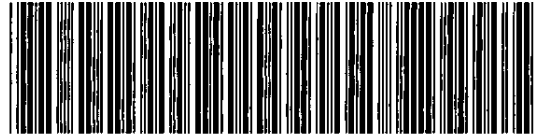
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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DIVISION OF CORPORATIONS  
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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CLARICAN HOLDINGS LTD.

(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

The enclosed Certificate of Limited Partnership and fees are submitted for filing.

Please return all correspondence concerning this matter to:

BETSY PARENTI

(Contact Person)

FOWLER RODRIGUEZ

(Firm/Company)

355 ALHAMBRA CIRCLE, SUITE 801

(Address)

CORAL GABLES, FL 33134

(City, State and Zip Code)

For further information concerning this matter, please call:

BETSY PARENTI

(Name of Contact Person)

at ( 786 ) 364-8480

(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$1,000.00 Filing Fees  
(\$965 Filing Fee and  
\$35 Registered Agent  
Fee)

☐ \$1,008.75 Filing Fees  
and Certificate of  
Status

☒ \$1,052.50 Filing Fees  
and Certified Copy

☐ \$1,061.25 Filing Fees,  
Certified Copy, and  
Certificate of Status

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

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DIVISION OF CORPORATIONS

**CERTIFICATE OF LIMITED PARTNERSHIP  
CLARICAN HOLDINGS LTD.**

The undersigned sole general partner, desiring to form a limited partnership pursuant to the laws of the State of Florida, certifies as follows:

1. **Name of Limited Partnership.** The name of the limited partnership is CLARICAN HOLDINGS LTD.
2. **Office for Maintenance of Business Records.** The address of the office at which the records of the limited partnership will be kept is 50 East 72<sup>nd</sup> Street, Apt. 11A, New York, NY 10021.
3. **Agent for Service of Process.** The name and address of the partnership's agent for service of process in Florida are Registered Agent Corporate Services Inc., 355 Alhambra Circle, Suite 801, Coral Gables, FL 33134.
4. **General Partner.** The name and business address of the General Partner in the Limited Partnership are as follows:

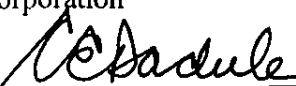
<u>Name</u>	<u>Address</u>
MARALHEN INVESTMENTS INC.	50 East 72 <sup>nd</sup> Street, Apt. 11A, New York, NY 10021

5. **Mailing Address of Partnership.** The mailing address of the limited partnership is c/o 355 Alhambra Circle, Suite 801, Coral Gables, Florida 33134.
6. **Latest Date of Dissolution.** The latest date on which the limited partnership is to dissolve is December 31, 2 108.

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.


Dated as of this 5<sup>th</sup> day of March, 2008.

**GENERAL PARTNER  
MARALHEN INVESTMENTS INC.  
a Florida corporation**

  
By: Carlos E. Padula  
Its: President

I hereby accept appointment as registered agent for the partnership.

Registered Agent Corporate Services, Inc.

By:   
Name: Betsy Parenti  
Title: Assistant Secretary

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