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THE UNITED STATES
CORPORATION
COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 691056 4336896

AUTHORIZATION :

COST LIMIT : \$ 140.00

Patricia Pizzit

FILED
SECRETARY OF CORPORATIONS
00 MAY 10 PM 1:00

ORDER DATE : May 9, 2000

ORDER TIME : 11:43 AM

**FILE SECOND

ORDER NO. : 691056-010

CUSTOMER NO: 4336896

CUSTOMER: Ms. Amy E. Schultz
Thaler & Thaler
700 N. Olive Ave.

7000003246747--7

West Palm Beach, FL 33401

FOREIGN FILINGS

NAME: ALBERT COHEN FAMILY
LIMITED PARTNERSHIP

(Handwritten circled '4')

XXXX QUALIFICATION (TYPE: LP)

RECEIVED
00 MAY 10 PM 12:12
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kim Clemons

h/c
5/10

APPLICATION BY FOREIGN LIMITED PARTNERSHIP FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

RECEIVED BY STATE
SECRETARY OF CORPORATIONS
00 MAY 10 PM 1:00

1. ALBERT COHEN FAMILY LIMITED PARTNERSHIP
(Name of limited partnership as it is in the home state)
2. _____
(If name is unavailable, name under which the limited partnership proposes to register or transact business in Florida;
must contain the word "LIMITED" or "LTD.")

3. DELAWARE 4. 10/17/97
(State of Formation) (Date of Formation)

5. ~~AMY E SCHULTZ~~ AMY E SCHULTZ
(Name of Registered Agent for Service of Process)

6. ~~700 N. OLIVE AVENUE~~ 700 N. OLIVE AVENUE
(Street Address of Registered Office)

WEST PALM BEACH, Florida 33401
(City) (Zip Code)

7. Acceptance by the Registered Agent for Service of Process:

By: Amy E Schultz
(Agent must sign on this line)

8. _____
CSC 1013 CENTRE ROAD WILMINGTON DE 19805
(Address of registered office required in state of formation or, if not required, address of principal of office.)

9. NAMES OF GENERAL PARTNERS STREET ADDRESS

1. ALBERT COHEN, MD 3802 NE 207 ST # 601
N. MIAMI BEACH, FL 33180

600000002607

2. ALBERT COHEN FAMILY MANAGEMENT, INC. 3802 NE 207 ST # 601
ALBERT COHEN, PRESIDENT N. MIAMI BEACH, FL 33180

10. 700 N. OLIVE AVE WEST PALM BEACH, FL 33401
(Office where Names, Addresses and Contributions of Limited Partners are kept.)

11. The limited partnership will undertake to keep the records listing the addresses and capital contributions of the limited partner or limited partners until the limited partnership's registration in Florida is canceled or withdrawn.

CONTINUED

12. 3802 N.E. 207 ST #601

N. MIAMI BEACH FL 33180

(Mailing Address of Limited Partnership)

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

Signed this 5th day of May, 192000.

Albert Cohen, MD

General Partner

STATE OF Florida

COUNTY OF Dade

On this 5th day of May, 192000.

Albert Cohen, M.D.

personally appeared before me,

☒ who is personally known to me

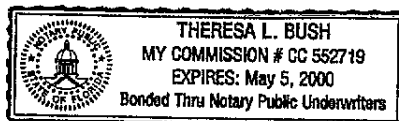
☐ whose identity I proved on the basis of _____

Theresa L. Bush
(Notary Public Signature)

Theresa L. Bush
(Notary's Printed Name)

Seal

My Commission Expires: May 5, 2000



NOTARY PUBLIC STATE OF FLORIDA
00 MAY 10 PM 1:00

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

RECEIVED BY STATE
DEPARTMENT OF CORPORATIONS
00 MAY 10 PM 1:00

BEFORE ME the undersigned personally appeared ALBERT COHEN
a general partner of ALBERT COHEN FAMILY LIMITED PARTNERSHIP, A
limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is \$ 100.00.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 100.00.

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

Signed this 5th day of May, 19 2000.

Albert Cohen, MD
General Partner

STATE OF Florida
COUNTY OF Dade

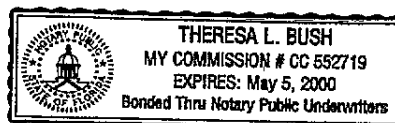
On this 5th day of May, 19 2000,

Albert Cohen, M.D., personally appeared before me,

- ☒ who is personally known to me
☐ whose identity I proved on the basis of _____

Theresa L. Bush
(Notary Public signature)

Theresa L. Bush
(Notary's Printed Name)



Seal

My Commission Expires: 5/5/2000