

B000000000241**Florida Department of State**

Division of Corporations

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Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number : (850) 922-4003

From:

Account Name : BOOSE, CASEY, CIKLIN, ET AL

Account Number : 076376001447

Phone : (561) 832-5900

Fax Number : (561) 833-4209

FOREIGN LIMITED PARTNERSHIP**Banyan Investment Fund, L.P.**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$96.25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1. BANYAN INVESTMENT FUND L.P.
(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
(State of Formation)
4. 1-29-98
(Date of Formation)
5. STACY McMILLAN, ESQ.
(Name of Registered Agent for Service of Process)
6. 3301 NW BOCA RATON BLVD # 200
(Street Address of Registered Office)
- BOCA RATON, Florida 33431
(City) (Zip Code)
7. Acceptance by the Registered Agent for Service of Process:
STACY McMILLAN
(Agent must sign on this line)
8. 3301 NW BOCA RATON BLVD # 200
BOCA RATON FL 33431
(Address of registered office required in state of formation or, if not required, address of principal office.)
9. NAMES OF GENERAL PARTNERS

	STREET ADDRESS
<u>AFFILIATED INVESTMENT MANAGERS, INC.</u>	<u>10000000 4591</u>
	<u>3301 NW BOCA RATON BLVD</u>
	<u># 200</u>
	<u>BOCA RATON FL 33431</u>
10. 3301 NW BOCA RATON BLVD # 200 BOCA RATON FL 33431
(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of the limited partner or limited partners until the limited partnership's registration in Florida is canceled or withdrawn.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12. P.O. Box 27-3369

Boca Raton FL 33427

(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 14th day of August, 2000

G. L. Shapiro

President of General Partner
General Partner

AFFILIATED INVESTMENT MANAGEMENT, Inc.

STATE OF FLORIDA

COUNTY OF PALM BEACH

On this 14th day of August, 2000

GARY L. SHAPIRO, PRESIDENT General Partner personally appeared before me,
AFFILIATED INVESTMENT MANAGEMENT, Inc.

☒ who is personally known to me

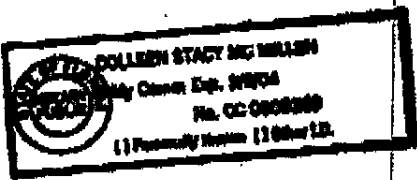
☐ whose identity I proved on the basis of _____

Colleen Stacy McMillen
(Notary Public Signature)

Colleen Stacy McMillen
(Notary's Printed Name)

Seal

My Commission Expires: 2/1/04



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TALLAHASSEE, FLORIDA

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AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

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ASSOCIATED INVESTMENT MANAGERS, INC.

BEFORE ME the undersigned personally appeared: GARY L. SHAPIRO, President & General Partner, a general partner of ASSOCIATED INVESTMENT FUND L.P., a (an) DELAWARE limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is \$ 1,000,000.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 1,000,000.

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 14th day of August, 2000.

[Signature] President & General Partner **ASSOCIATED INVESTMENT MANAGERS, INC.**

STATE OF FLORIDA
COUNTY OF Palm Beach

On this 14th day of August, 2000.

GARY L. SHAPIRO, President & General Partner personally appeared before me, Notary Public, and acknowledged to me that he is the person whose name is subscribed to the foregoing instrument.

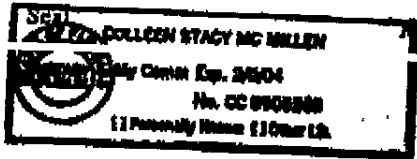
☒ who is personally known to me
☐ whose identity I proved on the basis of _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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[Signature]
(Notary Public Signature)

COLLEEN STACY MC MILLEN
(Notary's Printed Name)



My Commission Expires: 2/19/04

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