

CCRS
103 N. MERIDIAN ST, LOWER LEVEL
TALLAHASSEE FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-

File 1st
B00000000342

CONTACT: CINDY HICKS

DATE: 11-3-00

REF. #: 0150

CORP. NAME: Thal Family Holdings
Limited Partnership

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | <input type="checkbox"/> UCC-1 | <input type="checkbox"/> UCC-3 |
| <input type="checkbox"/> OTHER: <u>(4)</u> | | |

FILED
NOV - 3 PM 12:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400003451344--6
-11/03/00--01028--024
***1837.50 ***1837.50

STATE FEES PREPAID WITH CHECK# 9328 FOR \$ 1,837.50

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials _____

3u 11/3

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
00 NOV - 3 AM 10:49
TO ACHIEVE
SUFFICIENCY OF FILING

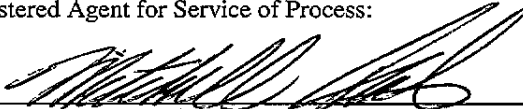
**APPLICATION BY FOREIGN LIMITED PARTNERSHIP FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

1. Thal Family Holdings 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. Nevada 4. December 18, 1997
(State of Formation) (Date of Formation)
5. Mitchell Thal
(Name of Registered Agent for Service of Process)
6. 1674 Alton Road, Suite 100, Miami, Florida 33139
(Street Address of Registered Office)

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00 NOV -3 PM 12:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

_____, Florida _____
(City) (Zip Code)

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


(Agent must sign on this line)

8. 318 North Carson Street, Suite 214
Carson City, Nevada 89701
(Address of registered office required in state of formation or, if not required, address of principal office.)

9. NAMES OF GENERAL PARTNERS STREET ADDRESS

Thal Family Holdings, Inc., a Nevada corporation
1674 Alton Road, Suite 100, Miami Beach, Florida 33139
FOU000 606104

10. 1674 Alton Road, Suite 100, Miami, Florida 33139
(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. 1674 Alton Road, Suite 100, Miami, Florida 33139

(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 30 day of OCTOBER, 2000

Thal Family Holdings, Inc., a Nevada corporation General Partner
By: Edward Thal
Edward Thal, President ~~General Partner~~
Florida

STATE OF

COUNTY OF Miami-Dade

On this 30 day of OCTOBER, 2000.

Edward Thal, personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____


(Notary Public Signature)

MITCHELL THAL
(Notary's Printed Name)

Seal

My Commission Expires: 7-5-2003



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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

Edward Thal, President of
Thal Family Holdings, Inc., a Nevada corporation

BEFORE ME the undersigned personally appeared _____
a general partner of Thal Family Holdings Limited Partnership, a (an) Nevada
limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is \$ 252,000.00
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 252,000.00

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 30 day of October, 2000.

Thal Family Holdings, Inc., a Nevada corporation

By: Edward Thal
~~x General Partner~~
Edward Thal, President

STATE OF Florida

COUNTY OF Miami-Dade

On this 30 day of October, 2000

Edward Thal, personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

[Signature]
(Notary Public Signature)

MITCHELL THAL
(Notary's Printed Name)



Seal

My Commission Expires: 7-5-2003

FILED
00 NOV 3 PM 12:52
TALLAHASSEE, FLORIDA
SECRETARY OF STATE