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ACCOUNT NO. : 072100000032

REFERENCE : 112456 7122935

AUTHORIZATION :

COST LIMIT :

Patricia Pigute
\$ 87.50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 APR 13 AM 4:44

FILED

ORDER DATE : April 11, 2001

ORDER TIME : 8:50 AM

ORDER NO. : 112456-005

CUSTOMER NO: 7122935

800004008128--5

CUSTOMER: Ms. Robin Gordon
Law Offices Of Michael Lapat
Suite 311
3300 University Drive
Coral Springs, FL 33065

11,785

FOREIGN FILINGS

NAME: MASTERSON PARTNERS LP

1014002036

XXXX QUALIFICATION (TYPE: LP)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Darlene Ward -- EXT# 1135

EXAMINER: _____

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

01 APR 13 AM 9:55

RECEIVED

376 4/14

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

1. MASTERSON PARTNERS LP
(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. March 12, 2001
(State of Formation) (Date of Formation)

5. Corporation Service Company
(Name of Registered Agent for Service of Process)

6. 1201 Hays Street
(Street Address of Registered Office)

Tallahassee, Florida 32301
(City) (Zip Code)

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

Corporation Service Company

By: [Signature]

(Agent must sign on this line)

8. 1013 Centre Road, Wilmington, Delaware 19805

(Address of registered office required in state of formation or, if not required, address of principal office.)

9. NAMES OF GENERAL PARTNERS

STREET ADDRESS

Masterson Fund Management, L.L.C.

By: Thomas Masterson, 3114 Northeast 23rd Court, Ft. Lauderdale, FL 33305

MO100000836

10. 3114 Northeast 23rd Court, Fort Lauderdale, Florida 33305
(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of the limited partner or limited partners until the limited partnership's registration in Florida is canceled or withdrawn.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

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APR 13 AM 4:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Masterson Partners, L.P.
c/o Masterson Fund Management, L.L.C.

12. 3114 N.E. 23rd Court, Fort Lauderdale, FL 33305

(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 27th day of MARCH, 2001
Masterson Fund Management, L.L.C.
Thomas D. Masterson
President of General Partner

STATE OF FLORIDA

COUNTY OF BROWARD

On this 27th day of MARCH, 2001

THOMAS D. MASTERSON personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

Robin Gordon
(Notary Public Signature)

ROBIN GORDON
(Notary's Printed Name)



Seal

My Commission Expires: 5/21/02

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared THOMAS D. MASTERSON
a general partner of MASTERSON PARTNERS LP, 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 \$ 500,000.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 500,000

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 27 day of MARCH, 2001.

Masterson Fund Management, L.L.C.

By:

Thomas D. Masterson
President of General Partner

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF FLORIDA

COUNTY OF BROWARD

On this 27th day of MARCH, 2001.

THOMAS D. MASTERSON, personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

Robin Gordon
(Notary Public Signature)

ROBIN GORDON
(Notary's Printed Name)

Seal

My Commission Expires:

