

Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)205-0383

From:

Account Name : GREENBERG TRAURIG (WEST PALM BEACH)
Account Number : 075201001473
Phone : (561)650-7900
Fax Number : (561)655-6222

FOREIGN LIMITED PARTNERSHIP**Seabreeze Partners, L.P.**

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$796.25

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. CRANIN. 49779010000

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

1. SEABREEZE PARTNERS, 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 4. May 22, 2001
(State of Formation) (Date of Formation)
5. Douglas A. Kass
(Name of Registered Agent for Service of Process)
6. 411 Seabreeze Avenue
(Street Address of Registered Office)
Palm Beach Florida 33480
(City) (Zip Code)
7. Acceptance by the Registered Agent for Service of Process.

(Agent must sign on this line)
8. 411 Seabreeze Avenue
Palm Beach, FL 33480
(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>Seabreeze Partners Management, Inc.</u>	<u>411 Seabreeze Avenue</u>
<u>Fol-3292</u>	<u>Palm Beach, FL 33480</u>
10. 411 Seabreeze Avenue, Palm Beach, FL 33480
(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of the limited partner or limited partners until the limited partnership's registration in Florida is canceled or withdrawn.

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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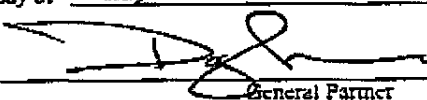
12. 411 Seabreeze Avenue

Palm Beach, FL 33480

(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 22nd day of May, 2001.



General Partner

STATE OF Florida

COUNTY OF Palm Beach

On this 22nd day of May, 2001.

Douglas A. Kass, President of Seabreeze Partners Management, Inc.

_____, personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____


(Notary Public Signature)

Janice M. Crank
(Notary's Printed Name)



Janice M. Crank
MY COMMISSION # CC929216 EXPIRES
April 18, 2004
BONDED THROUGH TROY FARM INSURANCE, INC.

Seal

My Commission Expires April 18, 2004

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AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

Douglas A. Kass, President of
Seabreeze Partners Management, Inc.

BEFORE ME the undersigned personally appeared _____
a general partner of Seabreeze Partners, L.P., a (X) Delaware
limited partnership, hereinafter referred to as the "Partnership", who certifies as follows.

1. The amount of capital contributions of the limited partners is \$ 100,000
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 100,000.

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 22nd day of May, 2001


General Partner

STATE OF Florida

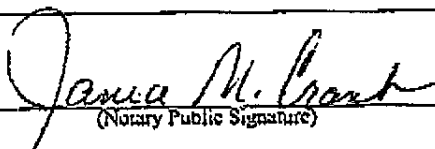
COUNTY OF Palm Beach

On this 22nd day of May, 2001

Douglas A. Kass, as President of Seabreeze
Partners Management, Inc., a Delaware corporation, personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____


(Notary Public Signature)

Janice M. Crank
(Notary's Printed Name)



Janice M. Crank
MY COMMISSION # CC929216 EXPIRES
April 18, 2004
BONDED THROUGH FARM INSURANCE, INC.

Seal

My Commission Expires: April 18, 2004

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