

## 5010000000362

ACCOUNT NO. :

072100000032

REFERENCE :

132644

7122935

AUTHORIZATION

COST LIMIT

ORDER DATE: October 22, 2001

ORDER TIME : 10:15 AM

ORDER NO. : 132644-005

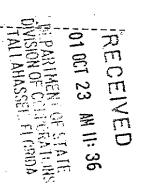
CUSTOMER NO: 7122935

CUSTOMER: Ms. Robin Gordon

Law Offices Of Michael Lapat

Suite 311

3300 University Drive Coral Springs, FL 33065



## FOREIGN FILINGS

NAME: ROBERGE CAPITAL PARTNERS, LP

XXXX QUALIFICATION (TYPE: <u>LP</u>)

700004650047--9

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_ CERTIFIED COPY \_\_\_PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds -- EXT# 1133

EXAMINER:

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

ROBERGE CAPITAL PARTNERS, LF (Name of limited partn	nership as it is in the home state)
(1.11110 0) 111111000 p=1	D. C.
no is unavailable name under which the limited	partnership proposes to register or transact business in Florid
must contain the w	ord "LIMITED" or "LTD.")
Delaware	4. September 04, 2001
(State of Formation)	(Date of Formation)
rporation Service Company	Con Con A Decease)
(Name of Registered	Agent for Service of Process)
201 Hays Street	105.
(Street Addre	ess of Registered Office)
llahassee	, Florida 32301
(City)	(Zip Code)
	f Property:
Acceptance by the Registered Agent for Service of	17 TOCESS.
Acceptance by the Registered Agent for Service of	And the second of the second o
Correction Service C	BRIAN COURTNEY AGONT
Corporation Service C	ompany
Corporation Service C	BRIAN COURTNEY AGONT
Corporation Service C	BRIAN COURTNEY AGONT
Corporation Service C  By  (Agent n	BRIAN COURTNEY ASSAUVE Asst. Vic
Correction Service C  By (Agent n	BRIAN COURTNEY AGONT
Corporation Service C  By (Agent m  300 Wall Street  lando, FL 32801  (Address of registered office required in state	BRIAN COURTNEY ASSAUVE Asst. Vic
Corporation Service C  By (Agent m  clando, FL 32801  (Address of registered office required in state	BRIAN COLPTNEY ASSAUVE Asst. Vicenust sign on this line Louise Assauve Asst. Vicenust sign on this line Louise Assauve Assauve Asst. Vicenus of formation or, if not required, address of principal office.)
Corporation Service C  By (Agent in account)  (Agent in account)  (Address of registered office required in state  NAMES OF GENERAL PARTNERS	BRIAN COLPTNEY ASSTRIVED ASST. Vicinust sign on this line) Lourise ASSTRIVED ASST. Vicinust sign on this line) Lourise ASSTRIVED ASST. Vicinus of formation or, if not required, address of principal office.)  STREET ADDRESS
Corporation Service C  By  (Agent in ando, FL 32801  (Address of registered office required in state NAMES OF GENERAL PARTNERS	BRIAN COLPTNEY ASSAUVE Asst. Vicenust sign on this line Louise Assauve Asst. Vicenust sign on this line Louise Assauve Assauve Asst. Vicenus of formation or, if not required, address of principal office.)
Corporation Service C  By  (Agent in ando, FL 32801  (Address of registered office required in state NAMES OF GENERAL PARTNERS	BRIAN COLPTNEY ASSTRIVED ASST. Vicinust sign on this line) Lourise ASSTRIVED ASST. Vicinust sign on this line) Lourise ASSTRIVED ASST. Vicinus of formation or, if not required, address of principal office.)  STREET ADDRESS
Corporation Service C  By  (Agent in  800 Wall Street  lando, FL 32801  (Address of registered office required in state  NAMES OF GENERAL PARTNERS	BRIAN COLPTNEY ASSTRIVED ASST. Vicinust sign on this line) Lourise ASSTRIVED ASST. Vicinust sign on this line) Lourise ASSTRIVED ASST. Vicinus of formation or, if not required, address of principal office.)  STREET ADDRESS
Corporation Service C  By (Agent in 200 Wall Street)  lando, FL 22801  (Address of registered office required in state  NAMES OF GENERAL PARTNERS	BRIAN COLPTNEY ASSTRIVED ASST. Vicinust sign on this line) Lourise ASSTRIVED ASST. Vicinust sign on this line) Lourise ASSTRIVED ASST. Vicinus of formation or, if not required, address of principal office.)  STREET ADDRESS
Corporation Service C  By (Agent in 1800 Wall Street)  clando, FL 32801  (Address of registered office required in state  NAMES OF GENERAL PARTNERS	BRIAN COLPTNEY ASSTRIVED ASST. Vicinust sign on this line) Lourise ASSTRIVED ASST. Vicinust sign on this line) Lourise ASSTRIVED ASST. Vicinus of formation or, if not required, address of principal office.)  STREET ADDRESS
Agent in	BRIAN COLPTNEY ASSTRIVED ASST. Vicinust sign on this line) Lourise ASSTRIVED ASST. Vicinust sign on this line) Lourise ASSTRIVED ASST. Vicinus of formation or, if not required, address of principal office.)  STREET ADDRESS
Corporation Service C  By (Agent in 1800 Wall Street)  rlando, FL 32801  (Address of registered office required in state  NAMES OF GENERAL PARTNERS	BRIAN COLPTNEY ASSTRIVED ASST. Vicinust sign on this line) Lourise ASSTRIVED ASST. Vicinust sign on this line) Lourise ASSTRIVED ASST. Vicinus of formation or, if not required, address of principal office.)  STREET ADDRESS

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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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2. 1800 Wall Street	- CA C
Orlando, FL 32801	
(Mailing Address of Limited Partnership)	
Under penalties of perjury I, being duly sworn, declare that I have read the foregoing and know and that the facts stated herein are true and correct.	v the contents thereof
Signed this 15th day of October, 2001, 2001	
Signed this 1573 day of Other Jou! 2001  Roberge Sapital Management, LLC  by: General Pariner	
by: Why General Partner  Carl Roberge General Partner  Managing Member	<del>_</del>
STATE OF WASHINGTON	
COUNTY OF WHATCOM	
On this	peared before me,
who is personally known to me	
Whose identity I proved on the basis of WASHIMATON DRIVERS LICENSE	
FARDOK MOHAMMEO (Notary's Printed Name)	NOTARY & NOT
Nu Complesion Expires: JULY 12002	NASHINGER

My Commission Expires: JUL 1

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## AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP BEFORE ME the undersigned personally appeared \_\_\_Carl\_Roberge a general partner of \_\_\_ROBERGE\_CAPITAL PARTNERS, LP , a (an), limited partnership, hereinafter referred to as the "Partnership", who certifies as follows: 1. The amount of capital contributions of the limited partners is \$ 500,000.00. 2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 500,000.00. 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 Signed this day of October . 2001 Capital/Management, LLC Washington STATE OF WHATCOM COUNTY OF Carl Roberge, Managing Member of GP \_\_\_\_, personally appeared before me, who is personally known to me Whose identity I proved on the basis of WASH NGTON DRIVERS LICENSE My Commission Expires: TNY / 2002 Seal