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ACCOUNT NO. : 072100000032

REFERENCE : 615945 4804909

AUTHORIZATION

Patricia Pigatto

COST LIMIT : \$ 1846.25

ORDER DATE : January 7, 2002

ORDER TIME : 10:09 AM

ORDER NO. : 615945-005

CUSTOMER NO: 4804909

CUSTOMER: Gayle S. Finger, Legal Asst
Miro Weiner & Kramer____
Suite 100
38500 Woodward Avenue
Bloomfield Hill, MI 48304

RECEIVED
02 JAN -7 AM 10:40
TALLAHASSEE, FLORIDA

FOREIGN FILINGS

NAME: I.S. AUBURN GLEN LIMITED
PARTNERSHIP

900004754699--0

XXXX QUALIFICATION (TYPE: LP)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

DK

CONTACT PERSON: Jeanine Reynolds -- EXT# 1133

EXAMINER: _____

FILED
02 JAN -7 PM 1:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1. I.S. AUBURN GLEN 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. DELAWARE 4. JANUARY 2, 2002
(State of Formation) (Date of Formation)

5. IRVING A SMOKLER
(Name of Registered Agent for Service of Process)

6. 1 S. OCEAN BLVD., STE. 305
(Street Address of Registered Office)

BOCA RATON Florida 33432
(City) (Zip Code)

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

IRVING A. SMOKLER

By: [Signature]
(Agent must sign on this line)

8. 2711 CENTERVILLE ROAD, SUITE 400, WILMINGTON, DE 19808

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

9. NAMES OF GENERAL PARTNERS

STREET ADDRESS

I.S. FLORIDA CORPORATION 38500 WOODWARD AVE., STE. 100

d/b/a I.S. VIERA CORPORATION BLOOMFIELD HILLS, MI 48304

F 9700004222

10. 1 S. OCEAN BLVD., STE. 305, BOCA RATON, FL 33432
(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of the limited partner or limited partners until the limited partnership's registration in Florida is canceled or withdrawn.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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02 JAN -7 PM 1:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12.1 S. OCEAN BLVD., STE 305, BOCA RATON, FL 33432

(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 3rd day of JANUARY, 2002

**I.S. Florida Corporation, doing business in Florida as
I.S. Viera Corporation, a Michigan corporation**

By:

Laurence E. Winnokur
General Partner
Laurence E. Winnokur, Vice President

STATE OF MICHIGAN

COUNTY OF OAKLAND

On this 3rd day of JANUARY, 2002

LAURENCE E. WINNOKUR, personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

Gayle S. Finger
(Notary Public Signature)

GAYLE S. FINGER

(Notary's Printed Name)

Seal

My Commission Expires: 5/14/06

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared LAURENCE E. WINOKUR, VICE PRESIDENT OF
a general partner of I.S. AUBURN GLEN LIMITED PARTNERSHIP, 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 \$ 1,500,000.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 1,500,000

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 3rd day of JANUARY, 2002.

**I.S. Florida Corporation, doing business in Florida as
I.S. Viera Corporation, a Michigan corporation**
By: *Laurence E. Winokur*
General Partner
Laurence E. Winokur, Vice President

STATE OF MICHIGAN

COUNTY OF OAKLAND

On this 3rd day of JANUARY, 2002,

LAURENCE E. WINOKUR, personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

Gayle S. Finger
(Notary Public Signature)

GAYLE S. FINGER
(Notary's Printed Name)

Seal My Commission Expires: 5/14/06

FILED
02 JAN -7 PM 05
SEAL OF STATE
TALLAHASSEE, FLORIDA