



B020000000197

ACCOUNT NO. : 072100000032

REFERENCE : 606305 5062203

AUTHORIZATION :

COST LIMIT : \$ 87.50

FILED
JUN -4 PM 12:28
SECRETARY OF STATE
FLORIDA

ORDER DATE : June 3, 2002

ORDER TIME : 10:33 AM

ORDER NO. : 606305-005

CUSTOMER NO: 5062203

900005677703--2

CUSTOMER: Ms. Allyson Kasetta
Wolf, Block, Schorr &
250 Park Avenue
Suite 1000
New York, NY 10177

FOREIGN FILINGS

NAME: SYMACH ASSET MANAGEMENT, L.P.

XXXX QUALIFICATION (TYPE: LP)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Ginger Simmons -- EXT# 1139

EXAMINER: _____

RECEIVED
02 JUN -4 AM 11:27
DIVISION OF CORPORATIONS
SECRETARY OF STATE
FLORIDA

BK

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

1. Symach Asset Management, L.P.
(Name of limited partnership as it is in the home state)

2. ~~Symach Asset Management Limited Partnership~~
(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. 5/16/02
(State of Formation) (Date of Formation)

5. Symach Holdings, LLC
(Name of Registered Agent for Service of Process)

6. 7700 N. Kendall Drive, Suite 408
(Street Address of Registered Office)

Miami, Florida 33156
(City) (Zip Code)

7. Acceptance by the Registered Agent for Service of Process:
Andrew Moed
By: [Signature]
(Agent must sign on this line)

8. 7700 N. Kendall Drive, Suite 408
Miami, FL 33156
(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>Symach Holdings, LLC</u>	<u>7700 N. Kendall Drive, Suite 408</u>
<u>MOZOUUUU1380</u>	<u>Miami, FL 33156</u>

10. 7700 N. Kendall Drive, Suite 408, Miami, FL 33156
(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of the limited partner or limited partners until the limited partnership's registration in Florida is canceled or withdrawn.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. 7700 N. Kendall Drive, Suite 408

Miami, FL 33156

(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 22 day of MAY, 2002

Symach Holdings, LLC
By: Andrew Moed Managing Member
MANAGING MEMBER
General Partner

STATE OF

Florida

COUNTY OF

Palm Beach

On this 22ND day of MAY, 2002

Louis Andrew Moed, personally appeared before me,

☐ who is personally known to me

☒ whose identity I proved on the basis of FL. Lic # M300-521-70-443-0

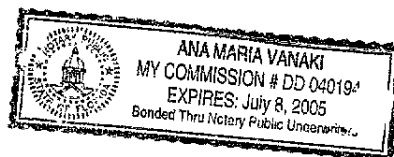
[Signature]
(Notary Public Signature)

Ana Maria Vanaki
(Notary's Printed Name)

Seal

My Commission Expires:

7-8-05



FILED
JUN -4 PM 12:29
CLERK OF STATE
TALLAHASSEE, FLORIDA

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared Andrew Moed, Managing Member of Symach Holdings, LLC
a general partner of Symach Asset Management, L.P., a(an) Delaware
limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

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CLERK OF STATE
TALLAHASSEE, FLORIDA

1. The amount of capital contributions of the limited partners is \$ 100.
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.

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 22 day of MAY, 2002.

Symach Holdings, LLC

[Signature], MANAGING MEMBER
General Partner

By: Andrew Moed, Managing Member FL. Lic # M300-521-70-443-0

STATE OF Florida

COUNTY OF Palm Beach

On this 22ND day of MAY, 2002,

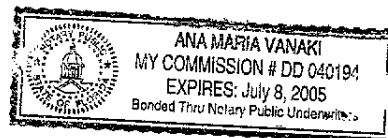
Louis Andrew Moed, personally appeared before me,

☐ who is personally known to me

☒ whose identity I proved on the basis of FL. Drivers License #M300-521-70-443-0

[Signature]
(Notary Public Signature)

Ana Maria Vanaki
(Notary's Printed Name)



Seal

My Commission Expires: 7-8-05