

B02000000360

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

RECEIVED
02 NOV -5 AM 11:03
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Office Use Only



000008709800

11/05/02--01032--008 **87.50

filed and

FILED
02 NOV -5 PM 1:21
SECRET
TALLAHASSEE, FLORIDA

BV

CT CORPORATION

CORPORATION(S) NAME

2) MLF Partners, L.P.

FILED
02 NOV -5 PM 1:21
TALLAHASSEE, FLORIDA
STATE

<input type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> Nonprofit		
<input checked="" type="checkbox"/> Foreign	<input type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> Mark
	<input type="checkbox"/> Reinstatement	
<input checked="" type="checkbox"/> Limited Partnership	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Other
<input type="checkbox"/> LLC	<input type="checkbox"/> Name Registration	<input type="checkbox"/> Change of RA
	<input type="checkbox"/> Fictitious Name	<input type="checkbox"/> UCC
<input type="checkbox"/> Certified Copy	<input type="checkbox"/> Photocopies	<input type="checkbox"/> CUS
<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Call If Problem	<input type="checkbox"/> After 4:30
<input checked="" type="checkbox"/> Walk In	<input type="checkbox"/> Will Wait	<input checked="" type="checkbox"/> Pick Up
<input type="checkbox"/> Mail Out		

Name _____
Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____

11/5/02

KF

File Second

Order#: 5605220

Ref#: _____

Amount: \$ _____

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

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

FILED
02 NOV -5 PM 1:21
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

1. MLF 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. 11-14-01
(State of Formation) (Date of Formation)

5. C.T. CORPORATION SYSTEM
(Name of Registered Agent for Service of Process)

6. 40 C.T. CORPORATION SYSTEM, 1200 SOUTH PINE ISLAND ROAD
(Street Address of Registered Office)

PLANTATION Florida 33324
(City) (Zip Code)

7. Acceptance by the Registered Agent for Service of Process:
C.T. CORPORATION
Barbara A. Burke **BARBARA A. BURKE**
(Agent must sign on this line) **SPECIAL ASSISTANT**

8. 2401 West Bay Drive, Suite 124 Largo, FL 33770
(Address of registered office required in state of formation or, if not required, address of principal office.)

9. NAMES OF GENERAL PARTNERS STREET ADDRESS
MLF INVESTMENTS, LLC 2401 WEST BAY DRIVE, SUITE 124, LARGO, FL 33770
MO2000002917

10. 2401 WEST BAY DRIVE, SUITE 124, LARGO, FL 33770
(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.

12. 2401 WEST BAY DRIVE, SUITE 124, LARGO, FL 33473

(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 25th day of OCTOBER, 2002

[Signature] MANAGING MEMBER for
MLE INVESTMENTS, LLC
General Partner

STATE OF FLORIDA

COUNTY OF PINELLAS

On this 25th day of OCTOBER, 2002

_____, personally appeared before me,

☒ who is personally known to me

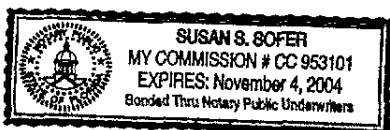
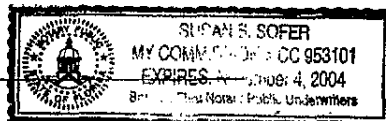
☐ whose identity I proved on the basis of _____

[Signature]
(Notary Public Signature)

Susan S. Sofer
(Notary's Printed Name)

Seal

My Commission Expires:



AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared MATTHEW L. FESHBACH of MLF INVESTMENTS
a general partner of MLF PARTNERS, 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 \$ 10,631,777.00
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 0.00.

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 25th day of OCTOBER, 2002.

Matthew L. Feshbach MANAGING MEMBER
General Partner for MLF INVESTMENTS

STATE OF FLORIDA

COUNTY OF PINELLAS

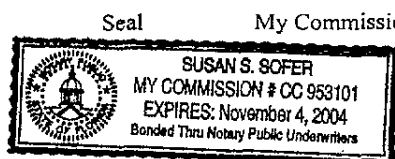
On this 25th day of OCTOBER, 2002,

_____, personally appeared before me,

- ☒ who is personally known to me
☐ whose identity I proved on the basis of _____

Susan S. Sofer
(Notary Public Signature)

Susan S. Sofer
(Notary's Printed Name)



My Commission Expires: _____

