

BO4000000121

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

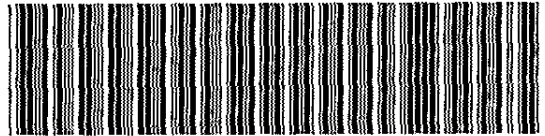
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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DEPT. OF REVENUE
TALLAHASSEE, FLORIDA

BK



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 496651 4326591

AUTHORIZATION :

COST LIMIT : \$ 1785.00

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04 MAR 22 PM 4:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : March 15, 2004

ORDER TIME : 2:32 PM

ORDER NO. : 496651-005

CUSTOMER NO: 4326591

CUSTOMER: Kevin D. Nelson, Esq
Fowler White Boggs Banker P.a.

Suite 1700
501 East Kennedy Boulevard
Tampa, FL 33602

DOMESTIC FILING

NAME: SGS PARTNERSHIP, L.P.

FILE FIRST

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
XX CERTIFICATE OF LIMITED PARTNERSHIP
ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd - EXT. 2940

EXAMINER'S INITIALS:

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

1. SGS Partnership, 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.")

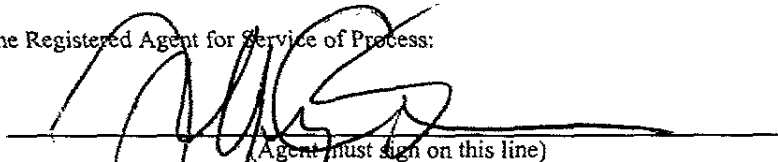
3. Delaware 4. 11-10-99
(State of Formation) (Date of Formation)

5. Jeffrey C. Shannon
(Name of Registered Agent for Service of Process)

6. 501 E. Kennedy Boulevard, Suite 1700
(Street Address of Registered Office)

Tampa 33602
(City) Florida (Zip Code)

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


(Agent must sign on this line)

8. 1209 Orange Street
Wilmington, DE 19801
(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>Svirsky Family Management Corp.</u>	<u>1209 Orange Street</u>
	<u>Wilmington, DE 19801</u>

FD400 0001552

10. 2660 S. Ocean Blvd., Suite 502 South, Palm Beach, Florida 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.

CONTINUED

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TALLAHASSEE, FLORIDA

12. 2660 South Ocean Blvd., Suite 502 South

Palm Beach, Florida 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 10th day of March, 2004.

Seymour Svirsky
General Partner

STATE OF

Florida

Seymour Svirsky, President of
Svirsky Family Management Corp.
general partner

COUNTY OF

Palm Beach

On this 10th day of March, 2004.

Seymour Svirsky, personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____



Nan Gregory
My Commission DD084587
Expires August 01, 2005

Nan Gregory
(Notary Public Signature)

Nan Gregory
(Notary's Printed Name)

Seal

My Commission Expires: _____


AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared Seymour Svirsky, President of Svirsky
a general partner of SGS Partnership, L.P., a(an) Family Management Corp.
Delaware
limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is \$ 5,000,000.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 20,000,000

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 10th day of March, 2004.


General Partner

STATE OF Florida

COUNTY OF Palm Beach

On this 10th day of March, 2004,

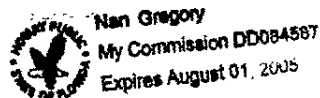
Seymour Svirsky, personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____


(Notary Public Signature)

Nan Gregory
(Notary's Printed Name)



Seal My Commission Expires: _____