

B04 0000000 340

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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08/12/04--01003--010 **35.00



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

July 23, 2004

GAIL C. FLANAGAN
319 CLEMATIS STREET
STE. 408A
WEST PALM BEACH, FL 33401

SUBJECT: PRIME WEST FIANCIAL LP
Ref. Number: W04000028328

We have received your document for PRIME WEST FIANCIAL LP and your check(s) totaling \$52.56. However, the document has not been filed and is being retained in this office for the following:

There is a balance due of \$35.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas
Document Specialist

Letter Number: 804A00046659

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TALLAHASSEE, FLORIDA

Prime West Financial, LP.

July, 20, 2004

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

Attached please find documents for the registration of both a foreign corporation and a foreign limited partnership. We prepared separate checks just in case the applications were processed by different areas within the Department.

The instructions direct us to include this cover letter, along with the name and daytime telephone number of the contact person, which is:

Ms. Gail C. Flanagan
(561) 655-2002

And the name and address to which the acknowledgement should be sent:

Ms. Gail C. Flanagan
Prime West Financial, LP
319 Clematis Street
Suite 408A
West Palm Beach, FL 33401

Please contact me immediately if any further information is required. I will look forward to receiving the appropriate acknowledgements.

Sincerely,



Gail C. Flanagan
Director of Sales and Marketing
GCF/nmh

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TALLAHASSEE, FLORIDA

319 Clematis St.

Suite 408A

W. Palm Beach, FL 33401

Phone: 561-655-2002

Fax: 800-861-5654

Email: gail@alphadomegalp.com

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

1. Prime West Financial, 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. Nevada 3/30/2004
(State of Formation) (Date of Formation)
4. ANDREW FINE C/O
NORVELL + FINE
(Name of Registered Agent for Service of Process)
5. 319 CLEMATIS ST., STE. 217
(Street Address of Registered Office)
- WEST PALM BEACH FLORIDA 33401
(City) (Zip Code)
7. Acceptance by the Registered Agent for Service of Process:
X [Signature]
(Agent must sign on this line)
8. 101 CONVENTION CENTER DR., STE. 700
LAS VEGAS, NV 89109
(Address of registered office required in state of formation or, if not required, address of principal office)
9. NAMES OF GENERAL PARTNERS STREET ADDRESS
Rivier Holdings, Inc. 101 Convention Center Dr. Ste. 700
Las Vegas, NV 89109
FD-4512
10. 319 Clematis St. Ste 408A WPB, FL 33401
(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. 319 Clematis St. Ste 408A WPB, FL 33401

(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 15 day of July, 2004.



General Partner

STATE OF Nevada

COUNTY OF Clark

On this 15 day of July, 2004.

Daniel Mann, personally appeared before me,

☐ who is personally known to me

☒ whose identity I proved on the basis of NU DL # 1702093959

Katharine H Pool
(Notary Public Signature)

KATHARINE H POOL
(Notary's Printed Name)

Seal

My Commission Expires:

June 1, 2008



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04 AUG 11 AM 9:46
SECRETARY OF CLERK
TALLAHASSEE, FLORIDA

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared Daniel Mann / Quiver Holdings, Inc.
a general partner of Prime West Financial, LP, a (an) foreign
limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is \$ 0.
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.

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 15 day of July, 2004.



General Partner

FILED
04 AUG 11 AM 9:47
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

STATE OF Nevada
COUNTY OF Clark

On this 15 day of July, 2004,

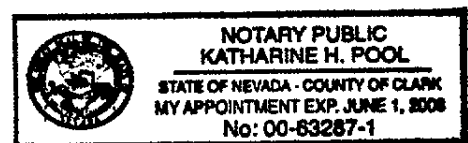
Daniel Mann, personally appeared before me,

☐ who is personally known to me

☒ whose identity I proved on the basis of NV DL # 1702093959


(Notary Public Signature)

KATHARINE H POOL
(Notary's Printed Name)



Seal

My Commission Expires:

June 1, 2008