

B04 000 000450

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DIVISION OF CORPORATION

FOREIGN LIMITED PARTNERSHIP

Meuchadim of Florida, L.P.

Certificate of Status	0
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APPLICATION BY FOREIGN LIMITED PARTNERSHIP FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

1. Meuchadim of Florida, 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. September 13, 2004
(State of Formation) (Date of Formation)
5. Simon Falic
(Name of Registered Agent for Service of Process)
6. 6100 Hollywood Blvd., Suite 209
(Street Address of Registered Office)
- Hollywood Florida 33024
(City) (Zip Code)
7. Acceptance by the Registered Agent for Service of Process:
Simon Falic
(Agent must sign on this line)
8. c/o The Corporation Trust Company, 1209 Orange Street, Wilmington, New Castle County, Delaware 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
- Meuchadim Management of Florida, L.L.C. 6100 Hollywood Blvd., Ste 209, Hollywood, FL 33024
1104-4291
10. 6100 Hollywood Blvd., Ste. 209, Hollywood, Florida 33024
(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of the limited partner or limited partners until the limited partnership's registration in Florida is canceled or withdrawn.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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12, 6100 Hollywood Blvd., Suite 209, Hollywood, Florida 33024

(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 15th day of September, 2004

[Signature]
General Partner

STATE OF FLORIDA

COUNTY OF MIAMI-DADE

On this 15th day of September, 2004

SIMON FALIC, personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

[Signature]
(Notary Public Signature)

(Notary's Printed Name)



Seal

My Commission Expires: _____

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AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared Simon Falic, a manager of the
a general partner of Meuchadim of Florida, L.P., 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 \$ 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 15th day of September, 2004

[Signature]
General Partner

STATE OF FLORIDA

COUNTY OF MIAMI-DADE

On this 15th day of September, 2004

SIMON FALIC, personally appeared before me,

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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[Signature]
(Notary Public Signature)

(Notary's Printed Name)



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