

B04000000553

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

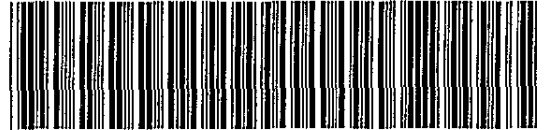
(Business Entity Name)

(Document Number)

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2004 DEC 14 PM 3:20
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

J. BRYAN DEC 22 2004

Jitendra Patel
4087 Cocoplum Circle
Coconut Creek, FL 33063
December 10, 2004

Department of State
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

Reference: Florida Qualification for Surya Fund Partners, LP, a Delaware Entity

Dear Sir/Madam,

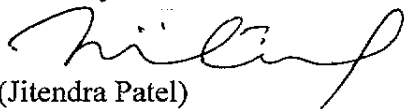
Herewith, I am writing to apply for a qualification of a limited partnership to transact business in the state of Florida. An entity was formed in the state of Delaware on November 22, 2004.

Initially, I am expecting a capital contribution of \$1,000 from \$0 at the moment. As we proceed further, I will update the affidavit as our capital contribution increases. As a result, please find a check for the amount of \$94.50 (\$52.5 minimum fees + \$35 registered agent fees + \$7 for anticipated capital contribution).

Should you need to reach me, please give me a call at 954-649-9887.

Thank you very much.

Sincerely



(Jitendra Patel)
General Partner

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TALLAHASSEE, FLORIDA

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

1. SURYA FUND 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.")

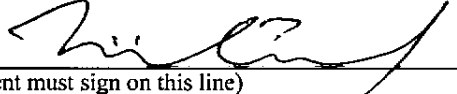
3. DELAWARE 4. 11/22/2004
(State of Formation) (Date of Formation)

5. Jitendra N. Patel
(Name of Registered Agent for Service of Process)

6. 4087 Cocoplum Circle
(Street Address of Registered Office)

Coconut Creek, Florida 33063
(City) (Zip Code)

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

Jitendra N. Patel
By: 
(Agent must sign on this line)

8. The Company Corporation

2711 Centerville Road, Suite 400, Wilmington, DE 19808
(Address of registered office required in state of formation or, if not required, address of principal office.)

9. NAMES OF GENERAL PARTNERS STREET ADDRESS

Jitendra N. Patel, 4087 Cocoplum Circle, Coconut Creek, FL 33063

10. 4087 Cocoplum Circle, Coconut Creek, FL 33063
(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, 4087 Cocoplum Circle, Coconut Creek, FL 33063

(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 December, 2004


General Partner

STATE OF Florida

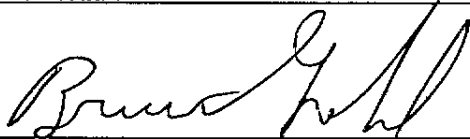
COUNTY OF Broward

On this 10th day of December, 2004

Jitendra N. Patel, personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of


(Notary Public Signature)

Bruce Gold
(Notary's Printed Name)



BRUCE GOLD
MY COMMISSION # DD 191849
EXPIRES: April 2, 2007
Bonded Thru Budget Notary Services

Seal

My Commission Expires:

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared Jitendra N. Patel,
a general partner of SURYA FUND PARTNERS, LP, 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 \$ 1,000.

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 December, 2004.


General Partner

STATE OF Florida

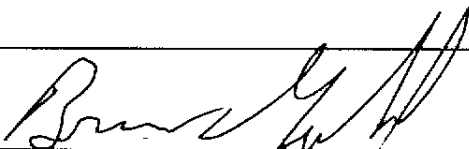
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☒ who is personally known to me

☐ whose identity I proved on the basis of _____


(Notary Public Signature)

Bruce Gold
(Notary's Printed Name)



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MY COMMISSION # DD 191849
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Seal My Commission Expires: _____

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TALLAHASSEE, FLORIDA