

BOS 0000000126

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

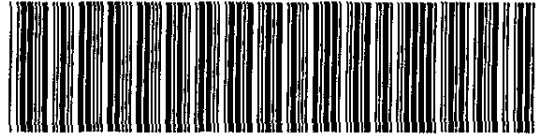
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/10/05--01033-012 **1137.50

2005 MAR 10 AM 11:00
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3/10/05
mt

PAUL S. LABINER

5499 N. FEDERAL HIGHWAY • SUITE K • BOCA RATON, FL. 33487

ATTORNEY AND COUNSELOR AT LAW
ADMITTED IN NY, NJ AND FLORIDA

TEL: (561) 998-2362
FAX: (561) 998-2358
E-MAIL: txadv@aol.com

March 7, 2005

Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: SHDRY FAMILY LIMITED PARTNERSHIP (*a Delaware limited partnership*)

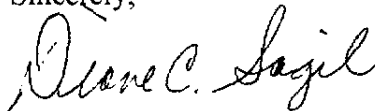
Ladies and Gentlemen:

Pursuant to the above-referenced matter, enclosed, please find the following:

1. APPLICATION BY FOREIGN LIMITED PARTNERSHIP FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA;
 2. Check payable to the "Department of State" in the amount of \$ 1,137.50 for the following:
 - a. \$ 1,050.00 Filing Fees for the Application and Affidavit (based on \$7.00 per \$1,000 of capital contribution of the limited partners, that is allocated for the purpose of transacting business in Florida)
 - b. \$ 35.00 Designation of a Registered Agent
 - c. \$ 52.50 One (1) Certified Copy
- \$ 1,137.50 TOTAL

I have enclosed a self-addressed, stamped envelope for return of a Certified Copy of the Application. Should you have any questions, please feel free to contact my office. Your time and prompt attention to this matter are appreciated.

Sincerely,



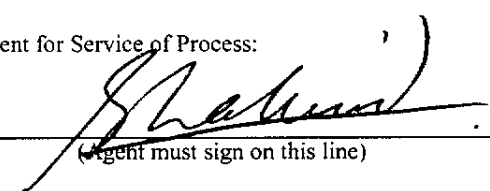
Diane C. Sagil, Paralegal

DCS
Enclosures

Cc: Mohammad T. Javed, M.D.

2005 MAR 10 AM 11:00
SECTION 1
TALLAHASSEE, FL

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

1. SHDRY FAMILY LIMITED PARTNERSHIP
(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. October 12, 2004
(State of Formation) (Date of Formation)
5. SHAHID J. CHAUDRY
(Name of Registered Agent for Service of Process)
6. 6447 Lake Worth Road
(Street Address of Registered Office)
- Lake Worth, Florida 33414
(City) (Zip Code)
7. Acceptance by the Registered Agent for Service of Process:

(Agent must sign on this line)
8. 6447 Lake Worth Road
Lake Worth, FL 33414
(Address of registered office required in state of formation or, if not required, address of principal office.)
9. NAMES OF GENERAL PARTNERS STREET ADDRESS
- MOHAMMAD T. JAVED, M.D. 6447 Lake Worth Road, Lake Worth, FL 33414
10. 6447 Lake Worth Road, Lake Worth, FL 33414
(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. _____

6447 Lake Worth Road, Lake Worth, FL 33414

(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 18 day of October, 2004

General Partner

STATE OF FLORIDA

COUNTY OF PALM BEACH

On this 18 day of October, 2004

MOHAMMAD T. JAVED, M.D.

, personally appeared before me,

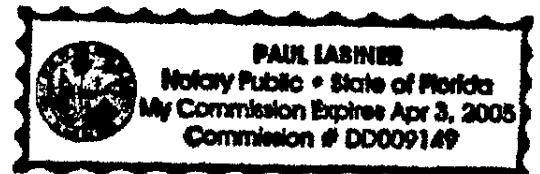
☒ who is personally known to me

☐ whose identity I proved on the basis of _____

(Notary Public Signature)

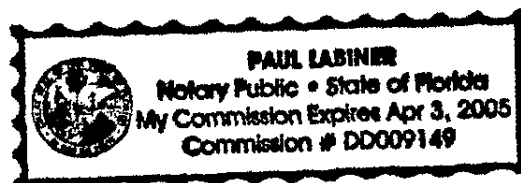
PAUL S. LABINER

(Notary's Printed Name)



Seal

My Commission Expires: _____



AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared MOHAMMAD T. JAVED, M.D.
a general partner of Shdry Family Limited Partnership, 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 \$ 150,000.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 150,000.

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 18 day of October, 2004.



General Partner

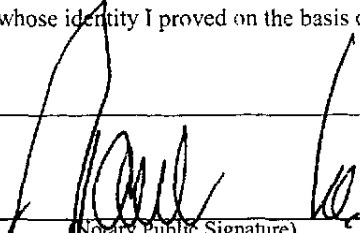
STATE OF FLORIDA
COUNTY OF PALM BEACH

On this 18 day of OCTOBER, 2004,

MOHAMMAD T. JAVED, M.D., personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____



(Notary Public Signature)

PAUL S LABINER

(Notary's Printed Name)

Seal My Commission Expires: _____

