

B.05000000314

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

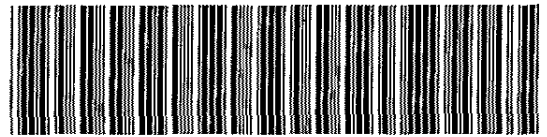
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05 JUL 22 PM 1:08
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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Mia Bella Partners Limited

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____ Art of Inc. File _____
____ LTD Partnership File _____
☒ Foreign Corp. File SP _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
☒ Cert. Copy _____
____ Photo Copy _____
☒ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

Signature _____

Requested by: SP

Name

7/22/05
Date

10:08
Time

Walk-In _____

Will Pick Up _____

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

FILED
05 JUL 22 PM 1:08
CLERK OF STATE
TALLAHASSEE, FLORIDA

1. MIA BELLA PARTNERS, L.P.

(Name of limited partnership as it is in the home state)

2.

~~MIA BELLA PARTNERS LIMITED~~

(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

(State of Formation)

4.

July 20, 2005

(Date of Formation)

5. PAUL S. LABINER, ESQUIRE

(Name of Registered Agent for Service of Process)

6. 5499 N. FEDERAL HIGHWAY, SUITE K

(Street Address of Registered Office)

BOCA RATON

(City)

Florida

33487

(Zip Code)

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

(Agent must sign on this line)

8. 3500 South Dupont Highway

Dover, DE 19901

(Address of registered office required in state of formation or, if not required, address of principal office.)

9. NAMES OF GENERAL PARTNERS

STREET ADDRESS

PETER J. ROMANO

5225 NE 32nd Avenue, Ft. Lauderdale, FL 33308

10. 5225 NE 32nd Avenue, Ft. Lauderdale, Florida 33308

(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. 5225 NE 32nd Avenue

Ft. Lauderdale, FL 33308

(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 19 day of July, 2005.

Peter J. Romano
General Partner

STATE OF FLORIDA

COUNTY OF PALM BEACH

On this 19 day of July, 2005

PETER J. ROMANO, personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

Paul S. Labiner
(Notary Public Signature)

PAUL S. LABINER

(Notary's Printed Name)



Paul Labiner

Commission # DD413129

Expires April 3, 2009

Bonded Troy Fair - Insurance, Inc. 800-365-7018

Seal

My Commission Expires: April 3, 2009

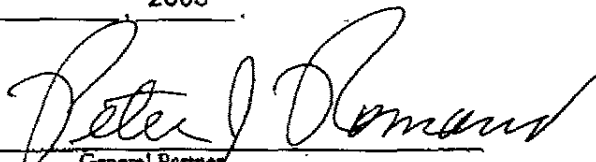
AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared PETER J. ROMANO
a general partner of MIA BELLA PARTNERS, 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 \$ 2,000,000.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 2,000,000.

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 19 day of July, 2005.



General Partner

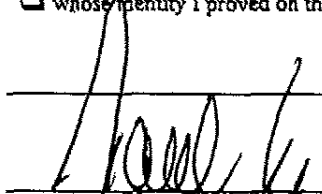
STATE OF FLORIDA
COUNTY OF PALM BEACH

On this 19 day of July, 2005,

PETER J. ROMANO, 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)



Paul Labiner
Commission # DD413129
Expires April 3, 2009
Bonded Troy Fain - Insurance, Inc. 800-365-7019

Seal

My Commission Expires: April 3, 2009