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From:

: M. BURR KEIM COMPANY Account Name

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FLORIDA/FOREIGN LP/LLP

CAREY BROTHERS, L.P.

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June 28, 2006

M. BURR KEIM COMPANY

SUBJECT: CAREY BROTHERS, L.P. REF: W06000020508

FLORIDA DEPARTMENT OF STATE
Davision of Corporations

UPOATED ASMICINA

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Every corporation, limited partnership, general partnership, limited liability company or trust listed as a general partner of a limited partnership, general partnership, or registered limited liability limited partnership must have an active registration/filing on file with this office before this filing can be completed. We are enclosing the appropriate instructions and/or forms for your convenience.

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

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Neysa Culligan Document Specialist FAX Aud. #: H06000119576 Letter Number: 106A00031068

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06 JUN 28 AM 9: 06

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP SEURE LARY OF STATE TO TRANSACT BUSINES IN FLORIDA TALLAHASSEE, FLORIDA.

CAREY BROTHERS, L.P.
(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix) Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.
(If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact business in Florida; must contain acceptable suffix.)
2. Pennsylvania 3 January 8, 2003
(State or Country of Formation) (Date of Formation)
4. William Laphen
(Name of Registered Agent for Service of Process)
5, 43 Fullerwood Drive, St. Augustine, FL 32084
(Florida street address for Registered Agent)
6. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent. Signature of Registered Agent 7. 215 King Road, Chalfont, PA 18914 (Principal office address)
8. If limited partnership is a limited liability limited partnership, check box
Page 1 of 3

(((HO6000119576 3)))

(((H06000119576 3)))

9. 215 King Road, Chalfont, PA 18914 (Mailing address) 10. Name, principal office address, and mailing address of each general partner:		
(Name) doing business in Florida	Chalfont, PA 18914	
ENG-4393	215 King Road	
FOR IST	Chalfont, PA 18914	
(Name)	(Street Address)	
	(Mailing Address)	
(Name)	(Street Address)	
	(Mailing Address)	
(Name)	(Street Address)	
	(Mailing Address)	
Pa	M 28 AM 9: 06 ANASSEE, FLORID 0119576 3)))	
(((H0600	0119576 3)))	

(((H	06000119576 3}}}	
(Name)	(Street Ad	dress)
·	(Mailing A	Address)
(Name)	(Street Ad	dress)
	(Mailing A	Address)
11. Effective date, If other than the date of (Effective date cannot be prior to me filed by the Florida Department of 12. Attached is a certificate of exist to the delivery of this application to State or other official having custod	or more than 90 days after the da State.) ence duly authenticated, not more the Florida Department of State,	e than 90 days prior by the Secretary of
law of which it is organized. Signed this 4th day	of April	06 JUN 28 SECRÉTARA TALLAHASS
Signature of a general partner. BY: Michael Carey, Fresident CAPTAINS, INC., doing bus	of	3 AM 9: 06 RY OF STATE SEE, FLORIDA
Filing Fees: Certificate of Status (optional):	\$1,000.00 (\$965 Filing Fee and \$35 \$52.50 \$8.75	i Registered Agent Fee)

Page 3 of 3

2006

(((H06000119576 3)))

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

APRIL 25, 2006

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

CAREY BROTHERS, L.P.

is duly registered as a Limited Partnership under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Secretary of the Commonwealth

Certification Number: 5967187-1 Verify this certificate online at http://www.corporations.state.pa.us/corp/soskb/verify.asp