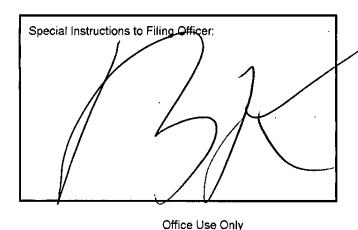
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(Requestor's Name)					
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SECRETARY OF STATE
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DIVISION OF CORPORATION



ON SERVICE COMPANY.					
	ACCOUNT NO.	:	0721000000	32	
	REFERENCE	:	870906	4802694	OT A
	AUTHORIZATION	: (	Louisel	man	APR 27
	COST LIMIT	:	<b>100</b> 0.00		T PA
ORDER DATE :	April 26, 2007				2: 56 F STAT
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ORDER NO. :	870906-005				
CUSTOMER NO:	4802694				
		- <b></b>			
	<u>FOREIGN F</u>	ILII	NGS		
NAME:	ELAINE C. ALB LIMITED PARTN				
XXXX QUALIFIC	ATION (TYPE: L	<u>P</u> )			
PLEASE RETURN	THE FOLLOWING AS	PRO	OOF OF FIL	ING:	
	IED COPY STAMPED COPY ICATE OF GOOD STA	<b>AN</b> D:	ING		
CONTACT DERSON	· Dehhje Skinne	r	_ EVT# 2016	2	

EXAMINER:

## APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP TO TRANSACT BUSINES IN FLORIDA

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP TO TRANSACT BUSINES IN FLORIDA  1. Elaine C. Albenberg Family Limited Partnership (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.							
1. Elaine C. Albenberg Family Limited Partnership							
(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. Delaware 3. April 5, 2007							
(State or Country of Formation) (Date of Formation)							
4. Corporation Service Company							
(Name of Registered Agent for Service of Process)							
5. 1201 Hays Street							
(Florida street address for Registered Agent)							
Tallahassee, FL 32301							
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.							
Corporation Service Company  By: Deborah D. Skipper  Signature of Registered Agent  Deborah D. Skipper  Asst. V. Pres.							
7. <u>c/o Elaine C. Albenberg, 2727 South Ocean Boulevard, Apt. 1202,</u> (Principal office address)							
Highland Beach, FL 33487							
8. If limited partnership is a limited liability limited partnership, check box							

Page 1 of 3

9. c/o Elaine C. Albenberg, 2727 Sout	(Mailing address)			
112-11	(Manning address)			
Highland Beach, FL 33487				
10. Name, principal office address, and mailing address of each general partner:				
Elaine C. Albenberg	2727 South Ocean Blvd., Apt. 1202,			
(Name)	(Street Address) Highland Beach, FL 33487			
	2727 South Ocean Blvd., Apt. 1202,			
	(Mailing Address) Highland Beach, FL 33487			
Sarah M. Standefer	622 8th Avenue SE			
(Name)	(Street Address) Minneapolis, MN 55414			
	622 8th Avenue SE			
	(Mailing Address) Minneapolis, MN 55414			
Frederick B. Martin	620 8th Avenue SE			
(Name)	(Street Address) Minneapolis, MN 55414			
	620 8th Avenue SE			
	(Mailing Address) Minneapolis, MN 55414			
Thomas R. Martin	361 South Owasso Blvd.			
(Name)	(Street Address) Roseville, MN 55113			
	361 South Owasso Blvd.			
	(Mailing Address) Roseville, MN 55113			

Page 2 of 3

(Name)	(Street Address)
	(Mailing Address)
(Name)	(Street Address)
(4.4.1.)	(Substitution)
	(Mailing Address)
<ol> <li>Effective date, if other than the date of filing: <sup>1</sup></li> </ol>	pon filing
(Effective date cannot be prior to nor more filed by the Florida Department of State.)	e than 90 days after the date this document is
to the delivery of this application to the Flo	aly authenticated, not more than 90 days prior orida Department of State, by the Secretary of e entity's records in the jurisdiction under the
Signed this fly day of Apri	,20 07
Signature of a general partner:	
By: Clare C. Albenberg, a General Partner	_
Filing Fees: \$1,00 Certified Copy (optional): \$52.5 Certificate of Status (optional): \$8.75	

## Delaware

## The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ELAINE C. ALBENBERG FAMILY LIMITED PARTNERSHIP" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SIXTH DAY OF APRIL, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ELAINE C. ALBENBERG FAMILY LIMITED PARTNERSHIP" WAS FORMED ON THE FIFTH DAY OF APRIL, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

8300

Harriet Smith Windsor, Secretary of State

Varnet Smile Hind

**AUTHENTICATION: 5628734** 

DATE: 04-26-07

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