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(((H07000258331 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195 Phone (850)521-1000

Fax Number (850) 558-1575

## FLORIDA/FOREIGN LP/LLP

FIRST STATES INVESTORS BRANCH ONE, L.P.

Certificate of Status	8
Certified Copy	0
Page Count	05
Estimated Charge	\$1 <u>.000.00</u>

Electronic Filing Menu

Corporate Filing Menu

Help

H07000258331 3

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

1. FÍRST STATES INVESTORS BRANCH ONE. L.P.  (Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)  Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., L.P., 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. 4/23/2007	
(State or Country of Formation) (Date of Formation)	
4 Corporation Service Company	
(Name of Registered Agent for Service of Process)	<u>_</u>
5, 1201 Hays Street  (Florida street address for Registered Agent)  Tallahassec, FL 32301	<b>3</b>
(Florida street address for Registered Agent)	3
Tallahassec, FL 32301	-1
6. I hereby accept the appointment as registered agent and agree to act in this capacity. I further again to comply with the provisions of all statutes relative to the proper and complete performance of my dustern and I am familiar with an accept the obligations of my position as registered agent.  Corporation Service Company  By:  Signature of Registered Agent  7. 610 OLD YORK ROAD, SUITE 300  (Principal office address)  IENKINTOWN, PA 19046	> = -
8. If limited partnership is a limited liability limited partnership, check box	

Page 1 of 3

### H07000258331 3

<b>7</b> ,	ROAD, SUITE 300
•	ng address) WN, PA 19046
10. Name, principal office address, and me	
STATES INVESTORS BRANCH ONE GP, LLC (Name)	610 OLD YORK ROAD, SUITE 300 JENKINTOWN, PA 19046
	610 OLD YORK ROAD, SUITE 300 JENKINTOWN, FA 19046
(Name)	<b>250</b> (Street Address)
	(Mailing Address) LA
(Name)	(Street Address) MY CO
	(Mailing Address) RAA
(Nation)	(Street Address)
	(Mailing Address)

Page 2 of 3

(Name)	(Street Address)	
	(Mailing Address)	
(Name)	(Street Address)	
	(Mailing Address)	
11. Effective date, if other than the date of (Effective date cannot be prior to the filed by the Florida Department of	nor more than 90 days after the date this documents	
to the delivery of this application t	stence duly authenticated, not more than 90 days from to the Florida Department of State, by the Secretary of day of the entity's records in the jurisdiction under the	TILED
Signed this 16TH day	of OCTOBER 20 07	
Signature of a general partner:    John Common Comm	- General Pariner Representative	
Filing Fees; Certified Copy (optional): Certificate of Status (optional):	\$1,900.00 (\$965 Filing Pos and \$35 Registered Agent Pee) \$52.50 \$8.75	

Page 3 of 3

# Delaware PAGE 1

H07000258331 3

## The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HERBY CERTIFY "FIRST STATES INVESTORS BRANCH ONE, L.P." 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 SEVENTEENTH DAY OF OCTOBER, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FIRST STATES INVESTORS BRANCH ONE, L.P." WAS FORMED ON THE TWENTY-THIRD DAY OF APRIL, A.D. 2007.

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

TOUT OCT 18 A 11: 18
SECRETARY OF STATE
TALLAHASSEE, F. STATE

4339200 8300 071127503



Harriet Smith Handson

Harriet Smith Windsor, Secretary of State
AUTHENTICATION: 6083194

DATE: 10-17-07