

BOX 6000000030

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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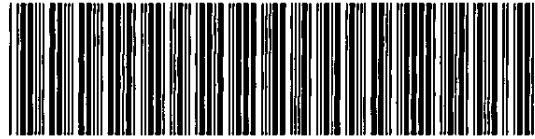
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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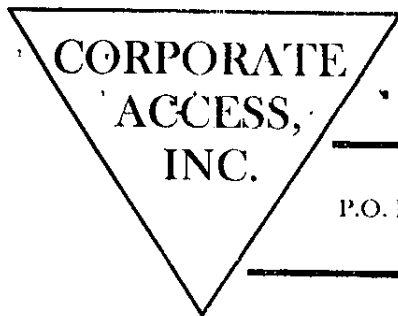
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B. KOHR  
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EXAMINER



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1. Rida Associates Limited Partnership

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

FILED  
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TALLAHASSEE, FLORIDA

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR  
LIMITED LIABILITY LIMITED PARTNERSHIP  
TO TRANSACT BUSINESS IN FLORIDA

1. RIDA ASSOCIATES 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

(State or Country of Formation)

3. MAY 9, 1997

(Date of Formation)

4. MATTHEW R. O'KANE

(Name of Registered Agent for Service of Process)

5. 215 NORTH EOLA DRIVE

(Florida street address for Registered Agent)

ORLANDO, FLORIDA 32801

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 and accept the obligations of my position as registered agent.

  
Signature of Registered Agent

7. 3120 SOUTHWEST FREEWAY, SUITE 200

(Principal office address)

HOUSTON, TEXAS 77098

8. If limited partnership is a limited liability limited partnership, check box ☐

9. 3120 SOUTHWEST FREEWAY, SUITE 200  
(Mailing address)

HOUSTON, TEXAS 77098

10. Name, principal office address, and mailing address of each general partner:

RALP SPE GP, LLC

(Name)

3120 SOUTHWEST FREEWAY, SUITE 200

(Street Address)

HOUSTON, TEXAS 77098

(Mailing Address)

(Street Address)

(Mailing Address)

(Street Address)

(Mailing Address)

(Street Address)

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

11. Effective date, if other than the date of filing: **UPON FILING OF THE APPLICATION**

*(Effective date cannot be prior to, nor more than 90 days after the date this document is filed by the Florida Department of State.)*

2. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this 18th day of FEBRUARY

2008

Signature of a general partner: RALPH SHE GP, LLC

BY:   
IRA MITZNER, MANAGER

**Filing Fees:**

\$1,000.00 (\$965 Filing fee and \$35 Registered Agent Fee)

**Certified Copy (optional):**

\$52.50

**Certificate of Status (optional):**

\$8.75

# Delaware

PAGE 1

*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "RIDA ASSOCIATES 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 SEVENTH DAY OF FEBRUARY, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

2742242 8300

080132551

You may verify this certificate online  
at [corp.delaware.gov/authvar.shtml](http://corp.delaware.gov/authvar.shtml)



*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6368711

DATE: 02-07-08