

B08000000261

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

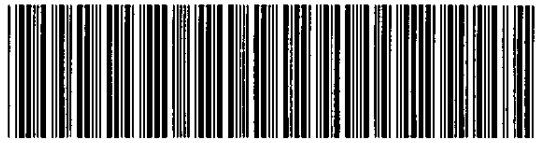
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

2008-5145-8
A. LUNT
DEC 15 2008

EXAMINER



200137604162

11/16/08--01015--015 **1008.75

2008 DEC 12 PM 1:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

November 5, 2008

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

2008 DEC 12 PM 1:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

To Whom It May Concern:

Enclosed please find an application to register **ELI S.E. LTD**, a foreign limited partnership, to transact business in the State of Florida and a check in the amount of \$1008.75 to cover the fee to file the application and to obtain a certificate of status.

As far as the proof of existence of the abovementioned foreign limited partnership, please note that the government agency that regulates these types of entities in the State of Formation (Commonwealth of Puerto Rico), does not give out certificates of existence or any similar record signed by an official. Thus, we have only enclosed a document certifying that the entity has filed its annual reports and currently owe no taxes to the State.

Please return all correspondence concerning this matter to:

Tania X. Mercado
831 SW 148 Place
Miami, FL 33139

Should you have any questions, or require additional information, please call (305) 333-4549.

Sincerely,


Tania X. Mercado



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 12, 2008

TANIA X. MERCADO
831 SW 148 PLACE
MIAMI, FL 33139

SUBJECT: ELI S.E. LTD.
Ref. Number: W08000051458

We have received your document for ELI S.E. LTD. and your check(s) totaling \$1008.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt
Regulatory Specialist II

Letter Number: 908A00056941

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 DEC 12 PM 1:59

FILED

December 4, 2008

Ms. Agnes Lunt
Regulatory Specialist II
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Reference No: W08000051458

2008 DEC 12 PM 1:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Dear Ms. Lunt:

As per your request, enclosed please find the original certificate for **ELI S.E. LTD**, a foreign limited partnership, issued by the government agency that regulates these types of entities in the State of Formation (Commonwealth of Puerto Rico), along with the translation of the certificate under oath, and a copy of the letter received from the Florida Department of State.

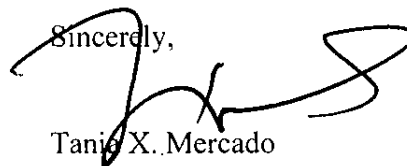
We herby request a Certificate of Good Standing for the above referenced entity.

Please return all correspondence concerning this matter to:

Tania X. Mercado
831 SW 148 Place
Miami, FL 33139

Should you have any questions, or require additional information, please call (305) 333-4549.

Sincerely,



Tania X. Mercado

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

1. ELI S.E. LTD.

(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 L.L.L.P.

(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. Puerto Rico

(State or Country of Formation)

3. January 5, 1993

(Date of Formation)

4. Gustavo Cedeno

(Name of Registered Agent for Service of Process)

5. 831 SW 148 Place Miami, FL 33194

(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 and accept the obligations of my position as registered agent.



Signature of Registered Agent

7. Ave. 630 TH-205 The Village in San Patricio

(Principal office address)

Guaynabo, PR 00970

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

2008 DEC 12 PM 1:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

9. PMB #485 P.O. Box 7891
(Mailing address)
Guaynabo, PR 00970-7891

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

Victor R. Mercado
(Name)

Ave. 630 TH-205 The Village in San Patricio
(Street Address)
Guaynabo, PR 00970

PMB #485 P.O. Box 7891
(Mailing Address)
Guaynabo, PR 00970-7891

Sylvia de L. de la Pena
(Name)

Ave. 630 TH-205 The Village in San Patricio
(Street Address)
Guaynabo, PR 00970

PMB #485 P.O. Box 7891
(Mailing Address)
Guaynabo, PR 00970-7891

(Name)

(Street Address)

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

2008 DEC 12 PM 1:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

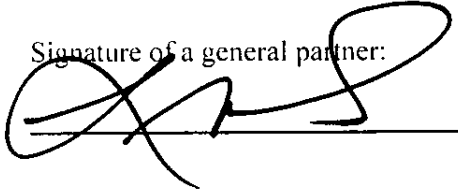
_____	_____
(Name)	(Street Address)
_____	_____
_____	(Mailing Address)
_____	_____
(Name)	(Street Address)
_____	_____
_____	(Mailing Address)
_____	_____

11. Effective date, if other than the date of filing: _____

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

12. 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 6 day of November, 2008.

Signature of a general partner:


Filing Fees: \$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75

2008 DEC 12 PM 1:59
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

FILED

MODELO SC 6088
REV.15 OCT 04
OA 04-18

ESTADO LIBRE ASOCIADO DE PUERTO RICO
DEPARTAMENTO DE HACIENDA
AREA DE RENTAS INTERNAS

CERTIFICACION DE RADICACION DE PLANILLAS DE
CONTRIBUCION SOBRE INGRESOS

NUM.CUENTA : 660-49-0671 EIL5Y1XI ELI S E

PO BOX 195056
SAN JUAN PR 00919-5056

PERIODO CONTRIBUTIVO	INFORMACION SEGUN SISTEMA
2006	RINDIO PLANILLA
2005	NO RINDIO PLANILLA
2004	RINDIO PLANILLA
2003	RINDIO PLANILLA
2002	RINDIO PLANILLA

INFORMACION AL CONTRIBUYENTE

DE NO ESTAR DE ACUERDO CON LA INFORMACION CONTENIDA EN ESTA CERTIFICACION DEBERA PRESENTAR SU RECLAMACION CON LA EVIDENCIA DE RADICACION EN CUALQUIERA DE LOS CENTROS DE SERVICIOS AL CONTRIBUYENTE.

DE NO ESTAR OBLIGADO POR LA LEY A RENDIR UNA PLANILLA (APLICA SOLO A INDIVIDUOS) DEBERA LLENAR EL MODELO SC 2781, CERTIFICACION DE RAZONES POR LAS CUALES EL CONTRIBUYENTE NO ESTA OBLIGADO POR LEY A RENDIR UNA PLANILLA DE CONTRIBUCION SOBRE INGRESOS DE INDIVIDUOS, EN CUALQUIERA DE LOS CENTROS DE SERVICIO AL CONTRIBUYENTE (CENTROS) Y PRESENTAR LA EVIDENCIA SOLICITADA.

PARA LA UBICACION DE LOS CENTROS, PUEDE COMUNICARSE A LOS SIGUIENTES TELEFONOS:

SAN JUAN (787) 723-5556 / 1-877-684-3422 - CAGUAS (787) 258-5272 / (787) 745-0666
PONCE (787) 844-8800 - MAYAGUEZ (787) 265-5200
BAYAMON (787) 778-4949 / (787) 778-4973 / (787) 778-4974


LUZ SANTOS PADILLA - (LSP4282)

05-Nov-2008 01:14 PM

SECRETARIO AUXILIAR DE RENTAS INTERNAS
O SU REPRESENTANTE AUTORIZADO

FECHA Y HORA DE
EMISION

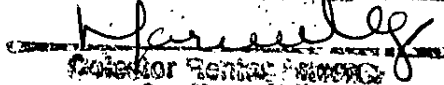


ADVERTENCIA

ESTA CERTIFICACION ES VALIDA, SI CONTIENE EL SELLO DE RENTAS INTERNAS, EL SELLO OFICIAL DEL DEPARTAMENTO Y LA FIRMA AUTORIZADA.

Esta certificación es válida hasta el día de hoy y de acuerdo a la información del sistema mecanizado.

Fecha: 5 Nov 2008


Coleccionador Rentas Internas

MODELO
SC 6096
8 AGO 02

ESTADO LIBRE ASOCIADO DE PUERTO RICO
DEPARTAMENTO DE HACIENDA
AREA DE RENTAS INTERNAS

FECHA: 05-11-2008
HORA : 13:13
LSP4282

CERTIFICACION DE DEUDA

NUM. CUENTA: 001 660-49-0671/000 ELI S E

PO BOX 195056

SAN JUAN PR 00919-5056

*COMPUTOS HASTA: 05-11-2008

CERTIFICO QUE EL CONTRIBUYENTE ARRIBA DESCRITO
NO TIENE DEUDAS TASADAS POR CONCEPTO DE
CONTRIBUCION SOBRE INGRESOS, PATRONAL Y
ARBITRIOS AL DIA DE 05-11-2008 EN NUESTRO
SISTEMA PRITAS.

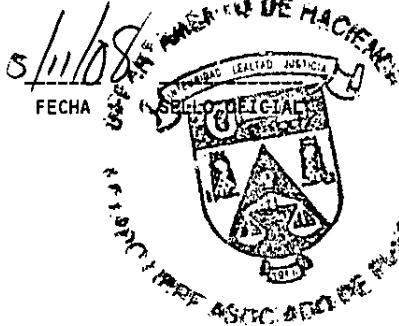
ESTA CERTIFICACION NO INCLUYE DEUDAS
PENDIENTES POR TASAR O EN PROCESO DE
INVESTIGACION POR EL NEGOCIADO IMPOSITIVO
A LA FECHA DE ESTA CERTIFICACION.

ADVERTENCIA:

FAVOR DE REVISAR ESTE DOCUMENTO EN DETALLE. SI USTED NO ESTA DE
ACUERDO CON ALGUNA DE LA INFORMACION AQUI PROVISTA DEBERA PRESENTAR
SU RECLAMACION JUNTO CON LOS DOCUMENTOS QUE EVIDENCIAN LA MISMA A
LAS DIRECCIONES QUE SE INDICAN EN LA HOJA ADJUNTA.

ESTA CERTIFICACION NO ES VALIDA SIN LA FIRMA AUTORIZADA Y EL SELLO
OFICIAL EN ORIGINAL DEL DEPARTAMENTO DE HACIENDA

SECRETARIO AUXILIAR DE RENTAS INTERNAS
O SU REPRESENTANTE AUTORIZADO



Esta certificación es válida hasta el día
de hoy y de acuerdo a la información en
el sistema mecanizado.

Fecha: 5 nov 2008

MODEL SC 6088
REV. 15 OCT 04
OA 04-18

COMMONWEALTH OF PUERTO RICO
DEPARTMENT OF REVENUE
INTERNAL REVENUE DIVISION

CERTIFICATION OF FILING OF
INCOME TAX RETURN

ACCOUNT NO.: 660-49-0671 EIL5Y1X1 ELI S E

PO BOX 195056
SAN JUAN PR 00919-5056

TAX PERIOD	SYSTEM GENERATED INFORMATION
2006	TAX RETURN FILED
2005	NO TAX RETURN FILED
2004	TAX RETURN FILED
2003	TAX RETURN FILED
2002	TAX RETURN FILED

TAX PAYER INFORMATION

IF YOU ARE DO NOT AGREE WITH THE INFORMATION CONTAINED IN THIS CERTIFICATION YOU SHOULD FILE A CLAIM ALONG WITH SUPPORTING EVIDENCE OF FILING IN ANY ONE OF OUR TAXPAYER SERVICE CENTERS.

IF YOU ARE NOT LEGALLY REQUIRED TO FILE AN INCOME TAX RETURN (ONLY APPLICABLE FOR INDIVIDUALS), YOU SHALL FILL OUT A MODEL SC 2781 FORM, CERTIFICATION OF REASONS FOR WHICH THE TAXPAYER IS NOT REQUIRED BY LAW TO FILE AN INCOME TAX RETURN IN ANY ONE OF OUR TAXPAYER SERVICE CENTERS (CENTERS) AND PROVIDE THE REQUIRED EVIDENCE.

TO LOCATE A SERVICE CENTER, PLEASE CALL THE FOLLOWING NUMBERS:

SAN JUAN (787) 723-5556 / 1-877-684-3422 - CAGUAS (787) 258-5272 / (787) 745-0666
PONCE (787) 844-8800 - MAYAGUEZ (787) 265-5200
BAYAMON (787) 778-4949 / (787) 778-4973 / (787) 778-4947

LUZ SANTOS PADILLA - (LSP4282)

05-Nov-2008 01:14PM

(SEALED)

INTERNAL REVENUE AUXILIARY
SECRETARY OR AUTHORIZED REPRESENTATIVE

DATE AND TIME

SEAL

WARNING

THIS CERTIFICATION IS VALID ONLY IF IT CONTAINS THE INTERNAL REVENUE SEAL, THE DEPARTMENT OFFICIAL SEAL AND AN AUTHORIZED SIGNATURE.

