

BO9000000031

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : AKERMAN SENTERFITT (MIAMI)
Account Number : 075471001363
Phone : (305) 374-5600
Fax Number : (305) 374-5095

X-

09 MAR - 6 AM 8:57
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TALLAHASSEE, FLORIDA

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FLORIDA/FOREIGN LP/LLLP

BALZEBRE ALPHA LP

Certificate of Status	0
Certified Copy	1
Page Count	04
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Corporate Filing Menu

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M. THOMAS

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3/5/2009 8:21:15 AM PAGE 1/001 Fax Server



March 5, 2009

FLORIDA DEPARTMENT OF STATE
Division of Corporations

AKERMAN SENTERFITT (MIAMI)

SUBJECT: BALEKERE ALPHA LP
REF: W09000010415

RECEIVED BY AS&E
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We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile 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.

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) 245-6097.

Marsha Thomas
Regulatory Specialist II

FAX Attn. #: 809000050494
Letter Number: 80900007595

P.O. BOX 6327 - Tallahassee, Florida 32314

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TALLAHASSEE, FLORIDA

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

1. BALZEBRE ALPHA LP

(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. November 9, 2006

(Date of Formation)

4. ROBERT BALZEBRE

(Name of Registered Agent for Service of Process)

5. 1717 Collins Avenue

(Florida street address for Registered Agent)

Miami Beach, FL 33139

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.

Robert Balzebre



Signature of Registered Agent

7. 1717 Collins Avenue

(Principal office address)

Miami Beach, FL 331398. If limited partnership is a limited liability limited partnership, check box ☐09 MAR - 6 AM 8:58
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TALLAHASSEE, FLORIDA

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9. 1717 Collins Avenue

(Mailing address)

Miami Beach, FL 33139

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

Balzebre Alpha LLC

(Name)

1717 Collins Avenue

(Street Address)

Miami Beach, FL 33139

(Mailing Address)

MO9-922

(Name)

(Street Address)

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

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TALLAHASSEE, FLORIDA

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

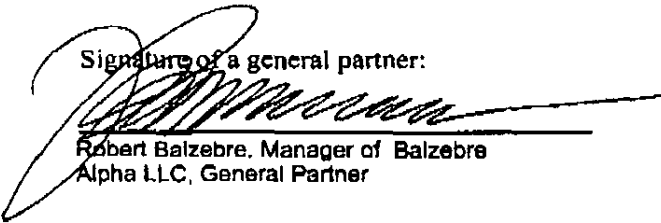
11. Effective date, if other than the date of filing: UPON FILING

(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 20th day of February, 2009

Signature of a general partner:



Robert Balzebre, Manager of Balzebre
Alpha LLC, 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

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BALZEBRE ALPHA LLC
1717 Collins Avenue
Miami Beach, FL 33139

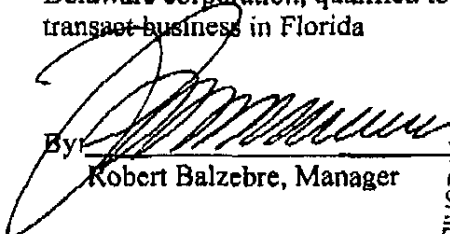
WRITTEN CONSENT GRANTING APPROVAL FOR USE OF NAME

BALZEBRE ALPHA LLC, a Delaware corporation, qualified to transact business in Florida (the "**Company**"), does hereby grant permission and approves the filing of the Application by Foreign Limited Partnership to Transact Business in Florida for the following corporation:

BALZEBRE ALPHA LP

The undersigned, being the Manager of the Company has executed this Written Consent Granting Approval for Use of Name on behalf of the Company this 20th day of February, 2009.

BALZEBRE ALPHA LLC, a
Delaware corporation, qualified to
transact business in Florida

By: 

Robert Balzebre, Manager

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TALLAHASSEE, FLORIDA

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Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BALZEBRE ALPHA LP" 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 FIFTH DAY OF MARCH, A.D. 2009.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BALZEBRE ALPHA LP" WAS FORMED ON THE NINTH DAY OF NOVEMBER, A.D. 2006.

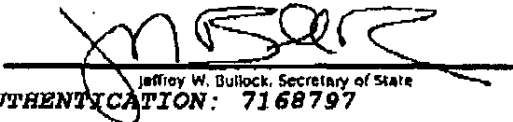
AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

4249602 8300

090239440

You may verify this certificate online
at corp.delaware.gov/authver.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 7168797

DATE: 03-05-09