

BU9000000079

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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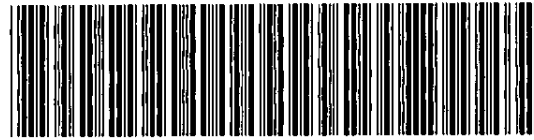
(Business Entity Name)

(Document Number)

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

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09 JUN 18 PM 4:13

DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED

09 JUN 18 PM 4:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. KOHR

JUN 19 2009

EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 041021 80690A

AUTHORIZATION

COST LIMIT : \$ 1000.00

FILED  
09 JUN 18 PM 4:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ORDER DATE : June 18, 2009

ORDER TIME : 3:16 PM

ORDER NO. : 041021-005

CUSTOMER NO: 80690A

FOREIGN FILINGS

NAME: E&A INTERESTS, LP

FILE  
and

XXXX QUALIFICATION (TYPE: LP)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Doreen Wallace -- EXT# 2928

EXAMINER: \_\_\_\_\_

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

FILED  
09 JUN 18 PM 4:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. E&A Interests, 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. Nevada 3. February 11, 2005  
State or Country of Formation Date of Formation

4. Evan D. Seif, Esq.  
Name of Registered Agent for Service of Process

5. 2800 Ponce De Leon Boulevard, Suite 1125, Coral Gables, FL 33134  
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. 2800 Ponce De Leon Boulevard, Suite 1125  
Principal office address

Coral Gables, Florida 33134

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

9. 2800 Ponce De Leon Boulevard, Suite 1125

(Mailing address)

**Coral Gables, Florida 33134**

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

E & A GP, LLC

Name

1209000002323

**2800 Ponce De Leon Blvd., Suite 1125**

**Street Address**

**Coral Gables, Florida 33134**

**2800 Ponce De Leon Blvd., Suite 1125**

Mailing Address

**Coral Gables, Florida 33134**

Name \_\_\_\_\_

**Street Address****Mailing Address**

Name \_\_\_\_\_

### Street Address

**Mailing Address**

Name \_\_\_\_\_

**Street Address**

**Mailing Address**

_____	_____
Name	Street Address
_____	_____
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_____	Mailing Address
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_____	_____
Name	Street Address
_____	_____
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_____	Mailing Address
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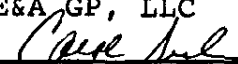
11. Effective date, if other than the date of filing: \_\_\_\_\_ Date of filing \_\_\_\_\_.

*(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.

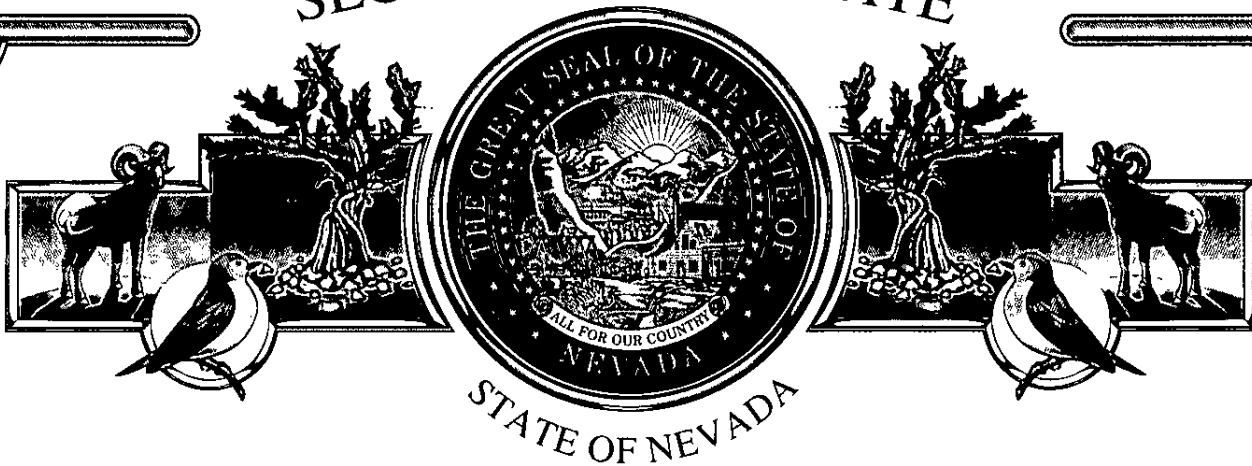
Signed this 11 day of June, 2009.

Signature of a general partner:  
E&A GP, LLC

By:   
Carol Becker, Manager

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

# SECRETARY OF STATE



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **E&A INTERESTS, LP**, as a limited partnership duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since February 11, 2005, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on June 4, 2009.

A handwritten signature in black ink, appearing to read "Ross Miller".

ROSS MILLER  
Secretary of State

By A handwritten signature in black ink, appearing to read "Chris Thomas".  
Certification Clerk