

B96000000246

Document Number Only

CT CORPORATION SYSTEM

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, FL 32301 222-1092

City

State

Zip

Phone

CORPORATION(S) NAME

800001887658
-07/09/96--01056--021
****52.30 ****52.50

26 JUN 97 PM 10:23
FBI - TALLAHASSEE

Dern No Load Fund Partners, Limited Partnership

800001887658
-07/09/96--01056--020
***1248.69 ***1248.63

☐ Profit

☐ NonProfit

☐ Limited Liability Co.

☒ Foreign

☐ Amendment

☐ Merger

☐ Dissolution/Withdrawal

☐ Mark

☒ Limited Partnership

☐ Reinstatement

☐ Annual Report

☐ Reservation

☐ Other

☐ Change of R.A.

☐ Fic. Name

☒ Certified Copy

☐ Photo Copies

☐ CUS

☐ Call When Ready

☒ Walk In

☐ Mail Out

☐ Call if Problem

☐ After 4:30

☒ Pick Up

Name
Availability

Document
Examiner

Updater

Verifier

Acknowledgment

W.P. Verifier

S. TAX

FILING

R. AGENT FEE

C. COPY

TOTAL

N. BANK

BALANCE DUE

REFUND

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FILE STAMPED

File 2nd.

BK 6/27/96

Florida Department of State, Jim Smith, Secretary of State

APPLICATION BY FOREIGN LIMITED PARTNERSHIP
FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

RECEIVED
SECRETARY OF STATE
JUN 27 PM 2:46

1. Dorn No-Load Fund Partners, L.P.
(Name of limited partnership as it is in the home state;
2. Dorn No-Load Fund Partners, Limited Partnership
(If name is unavailable, name under which the limited partnership proposes to register or transact business in Florida; must contain the word "LIMITED" or "LTD.")
3. Delaware 4. 6/21/96
(State of Formation) (Date of Formation)
5. C T CORPORATION SYSTEM
(Name of Registered Agent for Service of Process)
6. c/o C T Corporation System, 1200 South Pine Island Road
(Street Address of Registered Office)
Plantation, Florida 33324
(City) (Zip Code)
7. Acceptance by the Registered Agent for Service of Process.
Margaret Beatoen
(Officer must sign on this line)
MARGARET BEATOEN, ASSISTANT SECRETARY
(Type Name and Title of Officer)
c/o THE CORPORATION TRUST COMPANY
1209 ORANGE STREET, WILMINGTON DELAWARE 19801
(Address of Registered Office required in State of Formation or, if not required, Address of Principal Office.)
9. NAME OF GENERAL PARTNERS SPECIFIC ADDRESS
Alpha Managers, L.L.C. 6745 Woodbridge Dr., Boca Raton, FL 33434
MYC00000229
10. 6745 Woodbridge Drive, Boca Raton, FL 33434
(Office where Names, Addresses and Contributions of Limited Partners are kept.)
11. The limited partnership will undertake to keep the records listing the addresses and capital contributions of the limited partner or limited partners until the limited partnership's registration in Florida is cancelled or withdrawn.
12. 6745 Woodbridge Drive, Boca Raton, FL 33434
(Mailing Address of Limited Partnership)

This 20th day of June, 1996.

by Alvin DERN, Member of the General Partner
General Partner

RECEIVED
SECTION 10
JUN 27 PM 2:46

STATE OF Florida

COUNTY OF Palm Beach

THE FOREGOING instrument was acknowledged and sworn to before me this 20th day of JUNE, 1996, by ALVIN DERN, MEMBER OF GP (Name of General Partner) of DERN NO-LOAD FUND PARTNERS, L.P. (Name of Limited Partnership), A DELAWARE (State or Country) Limited Partnership, on behalf of the Limited Partnership.

Kina C. Thayer

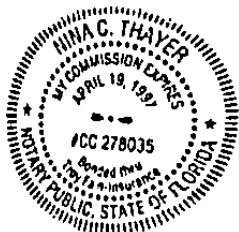
Notary Public

State of Florida at Large

(SEAL)

My Commission Expires:

April 19 1997



AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned, personally appeared Alvin Dorn, a general partner of Dorn No-Land Fund Partners, L.P., a (an) limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is \$ 173,384.16 *
VALUE AS OF 5/31/96
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 173,384.16.

This 20th day of June, 1996.

FURTHER AFFIANT SAYETH NOT.

Under penalties of perjury I declare that I have read the foregoing and that the facts are true, to the best of my knowledge and belief.

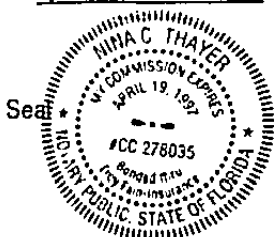
General Partner

Alpha Managers, LLC by Alvin Dorn, member

STATE OF FLORIDA
COUNTY OF PALM BEACH
DATE JUNE 20, 1996

BEFORE ME, the undersigned officer, a Notary Public authorized to administer oaths and to take acknowledgments in and for the State and County set forth above, personally appeared ALVIN DORN, MEMBER OF THE General Partner, known to me and known by me to be the person who executed the foregoing Affidavit of Capital Contributions, and he acknowledged to me and before me that he executed this Affidavit as General Partner of said partnership.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the State and County aforesaid, this 20th day of JUNE, 1996.



Nina C. Thayer
Notary Public

State of FLORIDA at Large
My Commission Expires: April 19, 1997

95 JUN 27 2:45
SECRETARY OF STATE
DIVISION OF RECORDS

Document Number Only

B960000000246

C T CORPORATION SYSTEM

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, Florida 32301

City

State

Zip

Phone

CORPORATION(S) NAME

800001933308
-08/27/96--01120--014
*****35.00 *****35.00

Dern No-Load Fund Partners, L.P.

☐ Profit

☐ NonProfit

☐ Limited Liability Company

☐ Foreign

☐ Amendment

☐ Merger

☐ Dissolution/Withdrawal

☐ Mark

☐ Limited Partnership

☐ Reinstatement

☐ Limited Liability Partnership

☐ Certified Copy

☐ Annual Report

☐ Reservation

☐ Photo Copies

☐ Other

☒ Change of R.A.

☐ Fictitious Name

☐ CUS

☐ Call When Ready

☒ Walk In

☐ Mail Out

☐ Call if Problem

☐ Will Wait

☐ After 4:30

☒ Pick Up

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| Name |
| Availability |
| Document Examiner |
| Updater |
| Verifier |
| Acknowledgment |
| W.P. Verifier |

CR2E031 (1-89)

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8/27/96 9/27

RA Chang

95 AUG 27 PM 2:55
SECRETARY OF STATE
TALLAHASSEE FLORIDA

95 AUG 27 PM 11:54
DIVISION OF CORPORATIONS & ATTORNEY GENERAL
RECEIVED

LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED
OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of sections 620.105 and 620.1051, Florida Statutes,
the undersigned limited partnership organized under the laws of the state of

Delaware, submits the following statement
in order to change its registered office or registered agent, or both, in the state of
Florida.

1. The name of the limited partnership is:

Dem No-Lon Fund Partners, L.P.

2. The date of filing/registration in Florida:

6-27-96

3. Document number assigned:

B96000000246

4. The name and address of the present registered agent and office:

CT CORPORATION SYSTEM

c/o CT Corporation System, 1200 South Pine Island Road

Plantation, FL 33324

5. The name and address of the successor registered agent and office.:
(P.O. Box not Acceptable)

Mr. Alvin Dern

6745 Woodbridge Drive


Boca Raton, FL 33434

Such change was authorized by the general partners By: Alpha Managers, L.L.C., G.P.

SIGNATURE: By: 
General Partner Alvin Dern, Member

Date: 8/19/96

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF
PROCESS FOR THE ABOVE STATED LIMITED PARTNERSHIP AT THE PLACE DESIG-
NATED IN THIS CERTIFICATE, 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 OBLIGATION OF MY POSITION AS REGISTERED AGENT.

SIGNATURE: 
(Officer)

Alvin Dern

(Type Name and Title of Officer)

Date: 8/19/96

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

INHSE 4

Filing Fee: \$35.00

1396000000246

Dern's Fund of Fund, L.P.
Requestor's Name

6745 Woodbridge Drive
Address

Boca Raton, FL 33434
City/State/Zip Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____ 500002043815--1
(Corporation Name) (Document #) -01/03/97--01012--010
***1750.00 ***1750.00
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 DEC 20 AM 11:16

| NEW FILINGS | |
|--------------------------|-------------------|
| <input type="checkbox"/> | Profit |
| <input type="checkbox"/> | NonProfit |
| <input type="checkbox"/> | Limited Liability |
| <input type="checkbox"/> | Domestication |
| <input type="checkbox"/> | Other |

| AMENDMENTS | |
|-------------------------------------|---|
| <input checked="" type="checkbox"/> | Amendment <i>Supplemental affidavit</i> |
| <input type="checkbox"/> | Resignation of R.A., Officer/ Director |
| <input type="checkbox"/> | Change of Registered Agent |
| <input type="checkbox"/> | Dissolution/Withdrawal |
| <input type="checkbox"/> | Merger |

\$ 519,361.39

| OTHER FILINGS | |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report |
| <input type="checkbox"/> | Fictitious Name |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/ QUALIFICATION | |
|--------------------------------|---------------------|
| <input type="checkbox"/> | Foreign |
| <input type="checkbox"/> | Limited Partnership |
| <input type="checkbox"/> | Reinstatement |
| <input type="checkbox"/> | Trademark |
| <input type="checkbox"/> | Other |

C. TAX _____
FILING 1750.00
R. _____
C. _____
TOD _____
N. _____
BALANCE DUE _____
REFUND _____

Examiner's Initials

dee

SUPPLEMENTAL AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A
FOREIGN LIMITED PARTNERSHIP

The undersigned general partners of DERN'S FUND OF FUNDS, LP
(fka. DERN NO-LOAD PARTNERS, LP), a(an)
DELAWARE limited partnership,
executed this supplemental affidavit filed pursuant to section 620.176, Florida Statutes.

The total amount of the capital contributions of the limited partners that is allocated for the
purpose of transacting business in Florida is \$ 519,361.39

This 11th day of DECEMBER, 19 96.

FURTHER AFFIANT SAYETH NOT.

Under the penalties of perjury, I declare that I have read the following and that the facts
are true, to the best of my knowledge and belief.

ALPHA MANAGERS, LLC,
General Partner

By: Alvin Dean, Member

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 DEC 20 11:16

519 361 39
- 173 384 16
345 977 23

3456 x 7 = 2422 1750.-

B96000000246

Deen Inc Lead Fund Partners, LP

Requestor's Name

6145 Woodbridge Dr

Address

Boca Raton FL 33434

City/State/Zip

Phone #

000002068230--8

-01/24/97--01076--015

*****\$2.50 *****\$2.50

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☐ Walk in

☐ Pick up time _____

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

97 JAN 22 PM 1:57

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

| NEW FILINGS | |
|--------------------------|-------------------|
| <input type="checkbox"/> | Profit |
| <input type="checkbox"/> | NonProfit |
| <input type="checkbox"/> | Limited Liability |
| <input type="checkbox"/> | Domestication |
| <input type="checkbox"/> | Other |

| AMENDMENTS | |
|-------------------------------------|--|
| <input checked="" type="checkbox"/> | Amendment <i>name change</i> |
| <input type="checkbox"/> | Resignation of R.A., Officer/ Director |
| <input type="checkbox"/> | Change of Registered Agent |
| <input type="checkbox"/> | Dissolution/Withdrawal |
| <input type="checkbox"/> | Merger |

| OTHER FILINGS | |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report |
| <input type="checkbox"/> | Fictitious Name |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/ QUALIFICATION | |
|--------------------------------|---------------------|
| <input type="checkbox"/> | Foreign |
| <input type="checkbox"/> | Limited Partnership |
| <input type="checkbox"/> | Reinstatement |
| <input type="checkbox"/> | Trademark |
| <input type="checkbox"/> | Other |

C. TAX _____
FEE _____
R. _____
C. _____
T. _____
N. _____
E. _____
REFUND _____

Examiner's Initials

dec

B96000000246

**CERTIFICATE OF AMENDMENT
TO
APPLICATION FOR REGISTRATION
OF**

Dern No Load Fund Partners, Limited Partnership

(insert name currently on file with Florida Dept. of State)

Pursuant to the provisions of section 620.173 Florida Statutes, this foreign limited partnership hereby submits this certificate of amendment to its registration application:

The registration application is amended as follows:

The name of the Partnership has been amended in its domestic jurisdiction. The new name of the Partnership is Dern's Fund of Funds, L.P.

Alvin Dern, Member
(Signature of a General Partner)

Alvin Dern, Member
(Typed or printed name of General Partner signing above)

FILED
97 JAN 22 PM 1:57
SECRETARY OF STATE
DIVISION OF CORPORATIONS

STATE OF Florida

COUNTY OF Palm Beach

On this 29th day of October, 19 96, Alvin Dern, Member
personally appeared before me,

- ☒ who is personally known to me
☐ whose identity I proved on the basis of

Nina C. Thayer
(Notary Public Signature)

NINA C. THAYER
(Notary's Printed Name)

My Commission Expires: 4/19/97

Seal

