

**B98000000061**

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660 East Jefferson Street  
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Tallahassee, FL 32301 222-1092  
City State Zip Phone

**CORPORATION(S) NAME**

100002413321--6  
-01/27/98--01034--019  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

100002413321--6  
-01/27/98--01034--020  
\*\*\*\*\*8.75 \*\*\*\*\*8.75

Stomad Partners, L.P.

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Profit                         | <input type="checkbox"/> Amendment              | <input type="checkbox"/> Merger          |
| <input type="checkbox"/> NonProfit                      | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark            |
| <input checked="" type="checkbox"/> Foreign             | <input type="checkbox"/> Annual Report          | <input type="checkbox"/> Other           |
| <input checked="" type="checkbox"/> Limited Partnership | <input type="checkbox"/> Name Registration      | <input type="checkbox"/> Change of R.A.  |
| <input type="checkbox"/> Reinstatement                  | <input type="checkbox"/> Photo Copies           | <input type="checkbox"/> UCC Filing      |
| <input type="checkbox"/> Fictitious Name                | <input checked="" type="checkbox"/> CUS         |  |
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Florida Department of State, Jim Smith, Secretary of State

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

1. Stomad Partners, L.P.  
(Name of limited partnership as it is in the home state;
2. \_\_\_\_\_  
(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. 1/14/98  
(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.  
Bonnie A. Schuman C T CORPORATION SYSTEM  
(Officer must sign on this line)  
Bonnie A. Schuman, Asst. Secretary  
(Type Name and Title of Officer)
8. same as mailing address  
(Address of Registered Office required in State of Formation or, if not required, Address of Principal Office.)
9. NAME OF GENERAL PARTNERS SPECIFIC ADDRESS  
Stomad Partners, Inc. Ste. 300, 1300 N. Market Street  
Wilmington, DE 19801
10. Suite 300, 1300 N. Market Street, Wilmington, DE 19801  
(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. Suite 300, 1300 N. Market Street, Wilmington, DE 19801  
(Mailing Address of Limited Partnership)

This 1<sup>st</sup> day of Jan., 19 98.

By: [Signature]  
General Partner

STATE OF Delaware  
COUNTY OF New Castle

THE FOREGOING instrument was acknowledged and sworn to before me this 19 day of January, 19 98, by Randy Stoltz, Vice President of Stomad Partners, Inc., General Partner (Name of General Partner) of Stomad Partners, L.P.

(Name of Limited Partnership), A Delaware (State or Country) Limited Partnership, on behalf of the Limited Partnership.

[Signature]  
Notary Public  
State of Delaware at Large

(SEAL)

My Commission Expires:



My Commission expires  
September 30, 2000

FILED  
98 JAN 29 01 14:30  
STATE OF DELAWARE  
NOTARY PUBLIC

## AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned, personally appeared Stomad Partners, Inc., a general partner of Stomad 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 \$ 98.00.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 9.00.

This \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_.

### 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

By: [Signature]  
Stomad Partners, Inc.

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99 JAN 21 PM 4:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

STATE OF DELAWARE  
COUNTY OF NEW CASTLE  
DATE 1/19/98

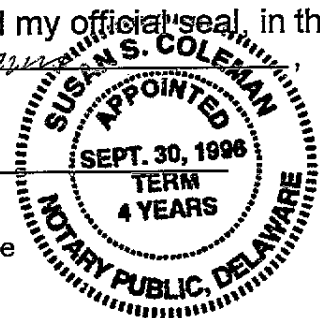
BEFORE ME, the undersigned officer, a Notary Public authorized to administer oaths and to take acknowledgments in and for the State and County set forth above, personally appeared Stomad Partners, Inc. (General Partner, known to me and known by me to be the person who executed the foregoing Affidavit 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 19th day of January, 19 98.

[Signature]  
Notary Public

Seal

State of \_\_\_\_\_ at Large  
My Commission Expires: \_\_\_\_\_



My Commission expires  
September 30, 2000