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ACCOUNT NO. : 072100000032  
REFERENCE : 763339 1429D  
AUTHORIZATION :  
COST LIMIT : \$ PRPEAID

ORDER DATE : March 31, 1998  
ORDER TIME : 11:36 AM  
ORDER NO. : 763339-010  
CUSTOMER NO: 1429D

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-04/10/98--01065--013  
\*\*\*1785.00 \*\*\*1785.00

CUSTOMER: Ms. Corinne P. McClure  
Cummings & Lockwood  
P. O. Box 413032  
3001 Tamiami Trail, North  
Naples, FL 34103

FOREIGN FILINGS

NAME: MELNICK VENTURE I L.P.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
98 APR 10 PM 1:29

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

B98-227

CONTACT PERSON: Stacy L Earnest

JA

DIVISION OF CORPORATION  
98 APR 10 PM 12:11

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

1. Melnick Venture Partners I 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  
(State of Formation)

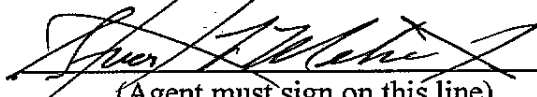
4. March 13, 1998  
(Date of Formation)

5. Stuart L. Melnick  
(Name of Registered Agent for Service of Process)

6. 200 L'Ambiance Circle, #105  
(Street Address of Registered Office)

Naples, Florida 34108  
(City) (Zip Code)

7. Acceptance by the Registered Agent for Service of Process:

  
\_\_\_\_\_  
(Agent must sign on this line)

8. 209 L'Ambiance Circle, #105, Naples, FL 34108  
(Address of registered office required in state of formation or, if not required, address of principal office.)

9. NAMES OF GENERAL PARTNERS STREET ADDRESS

MELNICK VENTURES, INC. 209 L'Ambiance Circle, #105

Naples, FL 34108

10. 209 L'Ambiance Circle, #105, Naples, FL 34108  
(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of the limited partner or limited partners until the limited partnership's registration in Florida is canceled or withdrawn.

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12. 209 L'Ambiance Circle, #105, Naples, FL 34108  
(Mailing Address of Limited Partnership)

Under penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

This 31<sup>st</sup> day of March, 1998.

MELNICK VENTURES, INC.  
General Partner

By: *Stuart L. Melnick*  
Stuart L. Melnick, President

STATE OF FLORIDA

COUNTY OF COLLIER

On this 31<sup>st</sup> day of March, 1998, Stuart L. Melnick personally appeared before me,

- who is personally known to me
- whose identity I proved on the basis of \_\_\_\_\_

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*Corinne P. McClure*  
(Notary Public signature)

\_\_\_\_\_  
(Notary's Printed Name)



Corinne P. McClure  
MY COMMISSION # CC604899 EXPIRES  
February 28, 2001  
BONDED THRU TROY FAIR INSURANCE, INC.

Seal

My Commission Expires: \_\_\_\_\_

**AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR FOREIGN LIMITED PARTNERSHIP**

BEFORE ME the undersigned personally appeared the sole general partner of MELNICK VENTURE PARTNERS I L.P., a Delaware limited partnership, hereinafter referred to as the "Partnership," who certifies as follows:

1. The amount of capital contributions of the limited partners is \$ 250,000.00.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 250,000.00.

*Under the penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.*

This 31<sup>st</sup> day of March, 1998.

MELNICK VENTURES, INC.  
General Partner

By: *Stuart L. Melnick*  
Stuart L. Melnick, President

STATE OF FLORIDA  
COUNTY OF COLLIER

On this 31<sup>st</sup> day of March, 1998, Stuart L. Melnick personally appeared before me

who is personally known to me

whose identity I proved on the basis of \_\_\_\_\_

*Corinne P. McClure*  
(Notary Public signature)

\_\_\_\_\_  
(Notary's Printed Name)



Corinne P. McClure  
MY COMMISSION # CC604699 EXPIRES  
February 28, 2001  
BONDED THRU TROY FAIN INSURANCE, INC.

Seal

My Commission Expires: \_\_\_\_\_

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