# B99000000146

March 5, 1999

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

100002800381--1 -03/10/99--01032--002 \*\*\*\*\*481.25 \*\*\*\*481.25

Re: Registration of an out-of-state limited partnership.

100002800381--1 -04/02/99--01065--001 \*\*\*\*\*35.00 \*\*\*\*\*35.00 ...

To Whom It May Concern:

Please process the enclosed forms for the filing of out-of-state limited partnership. Pacific Asset Management LTD., in the state of Florida.

Enclosed is a check in the amount of \$481.25, consisting of filing fee of \$420.00 (7x60), an additional \$52.50 for one (1) certified copy and \$8.75 for one (1) certificate under reseal.

Please send the documents to my attention, Emilie Shahab, 20100 Highland: Lakes BLVD, Miami, FL 33179. You can reach me as the contact person by phone at (\$05) 682-1210. Thank you.

Sincerely,

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|----------------------|----------|----|
| Availability -       | M        | ke |
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| Document<br>Examiner | DCC      |    |
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| Updater<br>Verifyer  | DCC      |    |
| Acknor ladgement     | DCC.     |    |
| W. P. Verifyer       | υLC      |    |

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| FILING = | 35  | 00                      |  |
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| REFUND.  |     | - Alexander - Alexander |  |

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## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

March 18, 1999

EMILIE SHAHAB 20100 HIGHLAND LAKES BLVD MIAMI, FL 33179

SUBJECT: PACIFIC ASSET MANAGEMENT LIMITED PARTNERSHIP= Ref. Number: W99000006541

We have received your document for PACIFIC ASSET MANAGEMENT LIMITED PARTNERSHIP and your check(s) totaling \$481.25. However, the document has not been filed and is being retained in this office for the following:

You failed to include the filing fee of the registered agent. We will need an additional \$35.00.

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) 487-6913.

Letter Number: 799A00013433

Diane Cushing Corporate Specialist

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

| 1. PACIFIC ASSET MANAGEMENT LIMITED PARTNERSA                                                                                                                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| (Name of limited partnership as it is in the home state)                                                                                                           |
| 2. PACIFIC ASSET MANAGEMENT LTD.                                                                                                                                   |
| (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. NEVADA 4. FEB 2, 1999 (State of Formation) (Date of Formation)                                                                                                  |
| (State of Formation)                                                                                                                                               |
| 5 EMILIE SHAHAB                                                                                                                                                    |
| (Name of Registered Agent for Service of Process)                                                                                                                  |
| 6. 20100 HIGHLAND LAKES BLVD  (Street Address of Registered Office)                                                                                                |
| (Street Address of Registered Office)                                                                                                                              |
| MIAMI , Florida 33179 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3                                                                                                        |
| (City) (Zip Code)                                                                                                                                                  |
| 7. Acceptance by the Registered Agent for Service of Process:                                                                                                      |
|                                                                                                                                                                    |
| Enribelial SA 49                                                                                                                                                   |
| (Agent must sign on this line)                                                                                                                                     |
| B. 318 N. CARSON SWITE 208                                                                                                                                         |
| CARSON CITY NV 89701  (Address of registered office required in state of formation or, if not required, address of principal office.)                              |
| (Address of registered office required in state of formation or, if not required, address of principal office.)                                                    |
| 9. NAMES OF GENERAL PARTNERS STREET ADDRESS                                                                                                                        |
| EMILIE SHAHAB 20100 HIGHLAND LAKES BLVD                                                                                                                            |
| SHAHAB KALAM 20100 HIGHLAND LAKES BLVD<br>MIAMI, FL 33179                                                                                                          |
|                                                                                                                                                                    |
|                                                                                                                                                                    |

<sup>10. 20100</sup> HIGHLAND LAKES BLUD, MIAMI, FL 33)79

(Office where Names, Addresses and Contributions of Limited Partners are kept.)

<sup>11.</sup> 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.

# (Mailing Address of Limited Partnership) Under penalties of perjury I, being duly swom, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct. Signed this 5th day of MARCH 1999 COUNTY OF DADE On this 5th day of MARCH 1999 EMILIE SHAHAB personally appeared before me, ITI

(Notary Public Signature)

ISABEL LAOS
(Notary's Printed Name)

Seal

whose identity I proved on the basis of\_

My Commission Expires:

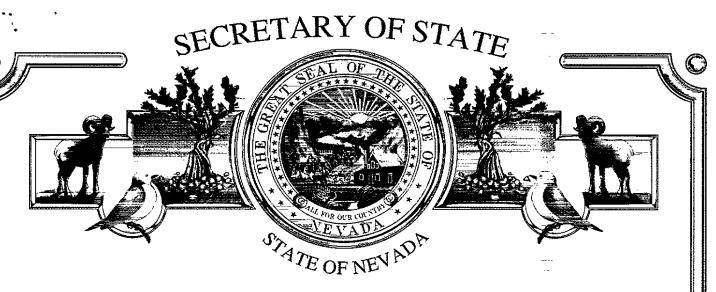


## AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

| BEFORE ME the undersigned personally appeared EMILIE SHAHAB                                                                                                    |                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| a general partner of PACIFIC ASSET MANAGEMENT LTD, a (an) NEVADA                                                                                               | <u> </u>       |
| limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:                                                                   |                |
| 1. The amount of capital contributions of the limited partners is \$ 60,000.                                                                                   |                |
| ·                                                                                                                                                              | 12 21 72 4 77  |
| 2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purpose transacting business in Florida is \$ 60.000 | s of           |
|                                                                                                                                                                |                |
| Under the penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the content                                                | ts thoroof and |
| that the facts stated herein are true and correct.                                                                                                             | is increoj unu |
| Signed this 5th day of MARCH, 19 99                                                                                                                            |                |
| Signed this 5 day of 1717/RCH , 19 79                                                                                                                          |                |
|                                                                                                                                                                | <b>, T</b>     |
| Emil Silval                                                                                                                                                    |                |
| General Partner                                                                                                                                                |                |
| STATE OF FLORIDA STATE                                                                                                                                         | ·              |
| 51201                                                                                                                                                          |                |
| COUNTY OF DADE                                                                                                                                                 |                |
| On this 5th day of MARCH, 19 99,                                                                                                                               |                |
| EMILIE SHAHAB , personally appeared before me,                                                                                                                 |                |
| , personally appeared before me,                                                                                                                               |                |
| who is personally known to me                                                                                                                                  |                |
| whose identity I proved on the basis of                                                                                                                        | <del></del>    |
|                                                                                                                                                                |                |
|                                                                                                                                                                | W * They       |
| Leavel las                                                                                                                                                     |                |
| (Notary Public Signature)                                                                                                                                      |                |
| Isabel Laos  My Commission CC602932                                                                                                                            |                |
| Notary's Printed Name)  SABEL LAOS  (Notary's Printed Name)  Expires November 20, 2006                                                                         | )              |
| of flo                                                                                                                                                         |                |

My Commission Expires:

Seal



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, DEAN HELLER, 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, limited-liability companies, limited partnerships, and limited-liability partnerships 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, **PACIFIC ASSET MANAGEMENT LIMITED PARTNERSHIP**, 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 2, 1999, 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, in Carson City, Nevada, on February 2, 1999.

Secretary of State

Continuation Clark