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ACCOUNT NO. : 072100000032

REFERENCE : 112456 7122935

AUTHORIZATION :

*Patricia Pigute*

COST LIMIT : \$ 125.00

ORDER DATE : April 11, 2001

ORDER TIME : 10:58 AM

ORDER NO. : 112456-010

000003995090--2

CUSTOMER NO: 7122935

CUSTOMER: Ms. Robin Gordon  
Law Offices Of Michael Lapat  
Suite 311  
3300 University Drive  
Coral Springs, FL 33065

FOREIGN FILINGS

NAME: MASTERSON FUND MANAGEMENT LLC

\*\*\*\*\*FILE 1st\*\*\*\*\*

XXXX QUALIFICATION (TYPE: LP)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Darlene Ward -- EXT# 1135

EXAMINER:

*JP 4-12-01*

RECEIVED  
DIVISION OF CORPORATION  
APR 12 PM 12:44

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN  
LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. MASTERSON FUND MANAGEMENT LLC  
(Name of foreign limited liability company)
2. Delaware  
(Jurisdiction under the law of which foreign limited liability company is organized)
3. \_\_\_\_\_  
(FEI number, if applicable)
4. March 12, 2001  
(Date of Organization)
5. \_\_\_\_\_  
(Duration: Year limited liability company will cease to exist or "perpetual")
6. upon filing  
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. \_\_\_\_\_  
3114 N.E. 23<sup>RD</sup> COURT, FT. LAUDERDALE, FLORIDA 33305  
(Street address of principal office)

8. If limited liability company is a manager-managed company, check here ☐

9. The name and usual business addresses of the managing members or managers are as follows:

THOMAS D. MASTERSON, 3114 N.E. 23<sup>RD</sup> COURT, FT. LAUDERDALE, FL 33305

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: to engage in the business of  
General Partner to Private Investment Company and any other lawful purpose subject to  
statutes, regulations and laws of the State regulating and controlling its business.

Thomas D. Mastersen  
Signature of a member or an authorized representative of a member.  
(In accordance with section 608.408(3), F.S., the execution of this document constitutes  
an affirmation under the penalties of perjury that the facts stated herein are true.)

THOMAS D. MASTERSON

Typed or printed name of signee

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES,  
THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING  
STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE  
STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

MASTERSON FUND MANAGEMENT LLC

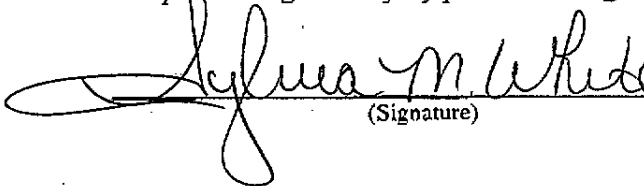
2. The name and the Florida street address of the registered agent and office are:

Corporation Service Company  
(Name)

1201 Hays Street  
Florida street address (P.O. Box NOT ACCEPTABLE)

Tallahassee FL 32301  
City/State/Zip

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..*

  
(Signature)

\$ 100.00 Filing Fee for Application  
\$ 25.00 Designation of Registered Agent  
\$ 30.00 Certified Copy (optional)  
\$ 5.00 Certificate of Status (optional)

01/20/12 PM 2:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*State of Delaware*  
*Office of the Secretary of State*

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PAGE 1

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MASTERTON FUND MANAGEMENT LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE ELEVENTH DAY OF APRIL, A.D. 2001.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MASTERTON FUND MANAGEMENT LLC" WAS FORMED ON THE TWELFTH DAY OF MARCH, A.D. 2001.

01/10/12 PM 2:40  
RECEIVED  
OFFICE OF THE  
SECRETARY OF STATE  
DELAWARE



*Harriet Smith Windsor*  
Harriet Smith Windsor, Secretary of State

3367141 8300

AUTHENTICATION: 1076382

010177138

DATE: 04-11-01