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#### **COVER LETTER**

TO: Registration Section

Division of Corporations
SUBJECT: ME/bourns Partners Asset Management LL (Name of Limited Liability Company)
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.
Please return all correspondence concerning this matter to the following:
I SAAC FOSTER (Name of Person)
MELBOURNE PARTNERS ASSET MANAGEMENT LL
7801 E//IS Rd (Address)
WME/bourne FL 32904 (City/State and Zip Code)
For further information concerning this matter, please call:
TSAAC FOSTER at (321) 728-1580 (Name of Person) (Area Code & Daytime Telephone Number)
MAILING ADDRESS: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount:  \$\sumset \sumset \sumse

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

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

	Partners Asset Managem in Limited Liability Company; must incl			npany," "L.L.C.," or "LLC	<del>")</del>
(If name unavailable, er consent of the manager Company," "L.L.C.," "	nter alternate name adopted for the purps s or managing members adopting the alt LLC.")	ose	of transacting business ate name. The alternate	in Florida and attach a copy name must include "Limited	of the written d Liability
2. Delaware (Jurisdiction under the company is organized	e law of which foreign limited liability	3.	27-0757112 (FEI nui	mber, if applicable)	<del></del>
4. August 18, 2	009 of Organization)	5.	Perpetual (Duration: Year limit exist or "perpetual")	ed liability company will ce	ase to
6. Upon registr	(Date first transacted business in FI (See sections 608.501 & 608.502 F.S.	s. to	da, if prior to registration determine penalty liab	ility)	
7. <b>c/o Melbourne</b>	Partners LLC, 7801 Ellis Ro	ad	, Suite A, West N	felbourne, Florida 3	DIVISION OF SEP -9
	(Street Address	of	Principal Office)		<u></u>
8. If limited liability	company is a manager-managed	l co	ompany, check here		CORPORATE
	ual business addresses of the man	-	_	_	
he jurisdiction under the l ranslation of the certificat	l certificate of existence, no more than 90 of aw of which it is organized. (A photocopy e under oath of the translator must be subn	y is nitte	not acceptable. If the cer ed.)	tificate is in a foreign langua	ge, a
<ol> <li>Nature of busine and investing</li> </ol>	ss or purposes to be conducted or	) Pr	omoted in Florida:	Business manage	ment
	Signature of a member or an aut (In accordance with section 608.408(3), F. an affirmation under the penalties of perjulsace Foster, Managing Mer	.S., 1 17y t	the execution of this documents that the facts stated herein	nent constitutes are true.)	·

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	ne of the Limited Liability Company is:	
Melbourn	ne Partners Asset Management LLC	<del></del>
If name unav	available, the alternate name to be used in the state of Florida is:	
2. The name	ne and the Florida street address of the registered agent and office are:	<del></del>
	Isaac Foster	
	(Name)	
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	64,
	Melbourne FL 32934 City/State/Zip	•
liability compo agent and agr relating to the	n named as registered agent and to accept service of process for the above stated limited appany at the place designated in this certificate, I hereby accept the appointment as registed gree to act in this capacity. I further agree to comply with the provisions of all statutes the proper and complete performance of my duties, and I am familiar with and accept the of my position as registered agent as provided for in Chapter 608, Florida Statutes.  (Signature)	ered

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

Delaware

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### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "MELBOURNE PARTNERS ASSET 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 THIRD DAY OF SEPTEMBER,
A.D. 2009.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED

LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF

DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT

HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS

OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MELBOURNE PARTNERS ASSET MANAGEMENT LLC" WAS FORMED ON THE EIGHTEENTH DAY OF AUGUST, A.D. 2009.

4721494 8300

090832930

AUTHENTYCATION: 7510667

DATE: 09-03-09

You may verify this certificate online at corp.delaware.gov/authver.shtml