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D. BRUCE

AUG 24 2011

EXAMINER

COVER LETTER

Division of Corporations Silver River Partners, LLC 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: Heng Li Name of Person Silver River Partners, LLC Firm/Company 1444 Wesleys Run Address Gladwyne, PA 19035 City/State and Zip Code kaihuangnyc@hotmail.com; hengli@comcast.net E-mail address: (to be used for future annual report notification) *;* ' For further information concerning this matter, please call: . Area Code & Daytime Telephone Number · · · Name of Person

Enclosed is a check for the following amount:

MAILING ADDRESS:

Division of Corporations

Registration Section P.O. Box 6327

Tallahassee, FL 32314

TO:

Registration Section

\$125.00 Filing Fee \$\text{Certificate of Status}\$

\$155.00 Filing Fee & Certified Copy

2661 Executive Center Circle Tallahassee, FL 32301

STREET ADDRESS:

Clifton Building

Division of Corporations Registration Section

\$160.00 Filing Fee, Certificate of Status & Certified Copy

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:

	MITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Silver River Partners, LLC
1.	(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
co	name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written nsent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability ompany," "L.L.C," "LLC.")
	California, USA 3. 27-2235632
	(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
4.	2/19/2010 _{5.} perpetual
	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6.	
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7.	1444 Wesleys Run
	Gladwyne, PA 19035
	(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 for ws:
	Heng Li, Managing Member
	1444 Wesleys Run
	Gladwyne, PA 19035
the tra	Attached is an original certificate of existence, no more than 90 days old, duty authenticated by the official having custody of records in jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a inslation of the certificate under oath of the translator must be submitted.)
11	. Nature of business or purposes to be conducted or promoted in Florida: Real Estate Rental
	H. Li
	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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Typed or printed name of signee

Heng Li

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.

li unavailable	, the alternate to be used in	the state of Florida is:	
2. The name	and the Florida street addre	ess of the registered agent and office are:	
	InCorp Services, Inc.		Acceptance
		(Name)	AAR C
	17888 67th Court N	lorth	TAR ASS
	* * * * * * * * * * * * * * * * * * *	Address (P.O. Box NOT ACCEPTABLE)	
	Lavahatahaa	er 33470	For the second
	Loxahatchee	FL 33470 City/State/Zip	TATE ORID

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, Florida Statutes.

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME: SILVER RIVER PARTNERS, LLC

FILE NUMBER:

201007810075

FORMATION DATE:

02/19/2010

TYPE:

DOMESTIC LIMITED LIABILITY COMPANY

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of August 5, 2011.

DEBRA BOWEN Secretary of State