

B11000000265

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

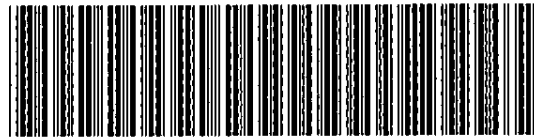
Special Instructions to Filing Officer:

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**B. KOHR**

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**EXAMINER**



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12/27/11--01002--025 \*\*1052.50

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2011 DEC 27 AM 10:42  
NOTIFIED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 DEC 29 PM 2:33



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 28, 2011

FLORIDA FILING & SEARCH

TALLAHASSEE, FL

SUBJECT: MERIT APPRAISAL & TAX CONSULTING, LP  
Ref. Number: W11000064051

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 DEC 29 PM 2:33  
RECEIVED  
11 DEC 29 AM 10:39  
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

We have received your document for MERIT APPRAISAL & TAX CONSULTING, LP and your check(s) totaling \$1052.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Before this limited partnership can be filed, its general partner -- MERIT APPRAISAL & TAX CONSULTING GP, LLC -- will also have to file for authority to transact business in Florida.

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) 245-6914.

Buck Kohr  
Regulatory Specialist II

Letter Number: 311A00028743

**FLORIDA FILING & SEARCH SERVICES, INC.**

**P.O. BOX 10662 TALLAHASSEE, FL 32302**

**155 Office Plaza Dr Ste A Tallahassee FL 32301**

**PHONE: (800) 435-9371; FAX: (866) 860-8395**

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 DEC 29 PM 2:33

**DATE: 12-27-2011**

**NAME: MERIT APPRAISAL & TAX CONSULTING LP**

**TYPE OF FILING: APPLICATION BY FOREIGN LP TO TRANSACT  
BUSINESS IN FLORIDA**

**COST: CK FOR \$1,052.50 ATTACHED**

**RETURN: CERTIFIED COPY**

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**ACCOUNT: ~~FCA000000015~~**

**AUTHORIZATION: ~~ABBIE/PAUL HODGE~~**

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COVER LETTER

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 DEC 29 PM 2:33

TO: Registration Section  
Division of Corporations

SUBJECT: Merit Appraisal & Tax Consulting, LP  
Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The enclosed application, certificate of status and fees are submitted to register a foreign limited partnership or limited liability limited partnership to transact business in Florida.

Please return all correspondence concerning this matter to:

Capitol Services Corporate Filings Team

Contact Person

Capitol Services, Inc.

Firm/Company

800 Brazos, Suite 400

Address

Austin, TX 78701

City, State and Zip Code

shead@b29investments.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

\_\_\_\_\_ at ( 800 ) 345-4647  
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$1,000.00 Filing Fees  
(S965 Filing Fee and  
\$35 Registered Agent  
Fee)

☐ \$1,008.75 Filing Fees  
and Certificate of  
Status

☒ \$1,052.50 Filing Fees  
and Certified Copy

☐ \$1,061.25 Filing Fee,  
Certified Copy, and  
Certificate of Status

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR  
LIMITED LIABILITY LIMITED PARTNERSHIP  
TO TRANSACT BUSINESS IN FLORIDA**

**1. MERIT APPRAISAL & TAX CONSULTING, LP**

**(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)**

*Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.*

*Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.*

If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact business in Florida; must contain acceptable suffix.

**2. TEXAS**

**State or Country of Formation**

**3. 12/04/2006**

**Date of Formation**

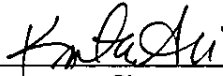
**4. Name of Registered Agent for Service of Process and Florida Street Address:**

Capitol Corporate Services, Inc.

155 Office Plaza Dr Ste A

Tallahassee FL 32301

5. 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



Krista Ali, Assistant Secretary on behalf of  
Capitol Corporate Services, Inc.

**Signature of Registered Agent**

**7. Principle Office: (Florida Street Address)**

1410 N. Westshore Blvd. Suite 111

Tampa, Florida 33607

**8. Mailing Address:**

211 W. California Street

Gainesville, Texas 76240

**9. If limited partnership is a limited liability limited partnership, check box ☐**

**10. Name, principal office address, and mailing address of each general partner:**

Name of General Partner: Merit Appraisal & Tax Consulting GP, LLC

Name of General Partner: \_\_\_\_\_

Street Address: 211 W. California Street

Street Address: \_\_\_\_\_

Gainesville, Texas 76240

Mailing Address: 211 W. California Street

Mailing Address: \_\_\_\_\_

Gainesville, Texas 76240

Name of General Partner: \_\_\_\_\_

Name of General Partner: \_\_\_\_\_

Street Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 DEC 29 PM 2:33

Name of General Partner: \_\_\_\_\_ Name of General Partner: \_\_\_\_\_

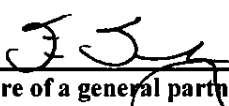
Street Address: \_\_\_\_\_ Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

11. **Effective date, if other than the date of filing:** \_\_\_\_\_  
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this 22nd day of December, 20 11.

  
\_\_\_\_\_  
**Signature of a general partner**

The individual signing this document affirm that the facts stated herein are true and the individual is aware that 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.

<b>Filing Fees:</b>	<b>\$1,000.00</b> (\$965 Filing Fee and \$35 Registered Agent Fee)
<b>Certified Copy (optional):</b>	<b>\$52.50</b>
<b>Certificate of Status (optional):</b>	<b>\$8.75</b>

Corporations Section  
P.O.Box 13697  
Austin, Texas 78711-3697



Hope Andrade  
Secretary of State

## Office of the Secretary of State

### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Merit Appraisal & Tax Consulting, LP (file number 800741101), a Domestic Limited Partnership (LP), was filed in this office on December 04, 2006.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on December 23, 2011.



A handwritten signature in black ink, appearing to read "Hope Andrade".

Hope Andrade  
Secretary of State