

A040000001274

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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DIVISION OF REVENUE

1150 NW 80th Ave
Suite 205
Margate, Florida 33063
Phone: 954 683-4584
Fax: 432 206-9395

KnowUrProfessor.com

July 23, 2004

To the Florida Department of State:

My name is Dean Berry. I am submitting this cover page with the application for Certificate of Limited Partnership and the Affidavit of Capital Contributions for Florida Limited Partnership. As requested, the contact name is Dean Berry and the day time telephone number is 954 683-4584. The address to which the acknowledgment should be addressed is 1150 NW 80th Ave Suite 205, Margate Florida 33063. We are also requesting a Certificate under seal showing that this business is registered as a Limited Partnership in the state of Florida.

Best Regards,



Dean Berry
(954) 683-4584

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

CERTIFICATE OF LIMITED PARTNERSHIP

1. KnowUrProfessor.com Ltd.
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")
2. 1150 NW 80th Ave, Suite 205, Margate, Florida 33063
(Business address of Limited Partnership)
3. Dean Berry
(Name of Registered Agent for Service of Process)
4. 1150 NW 80th Ave, Suite 205, Margate, Florida 33063
(Florida street address for Registered Agent)
5. _____
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)
6. 1150 NW 80th Ave, Suite 205, Margate, Florida 33063
(Mailing Address of the Limited Partnership)

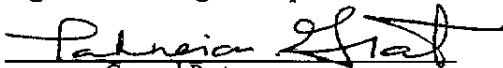
7. The latest date upon which the Limited Partnership is to be dissolved is: Dec 31, 2015
8. Name(s) of general partner(s): _____ Street address: _____


<u>Tahneia R. Grant</u>	<u>16410 SW 39 St, Miramar FL</u>
<u>Dean G. Berry</u>	<u>1635 NW 80 Ave, B, Margate, FL</u>
_____	_____

Under penalties of perjury I (we) declare that I (we) have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 23 day of July, 2004.

Signature of all general partners:


General Partner


General Partner

General Partner

General Partner

General Partner

General Partner

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

**AFFIDAVIT OF CAPITAL CONTRIBUTIONS
FOR FLORIDA LIMITED PARTNERSHIP**

The undersigned constituting all of the general partners of KnowUrProfessor.com

a Florida Limited Partnership, certify:

The amount of capital contributions to date of the limited partners is \$ 14.

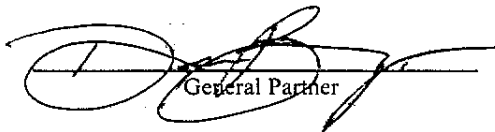
The total amount contributed and anticipated to be contributed by the limited partners at this time totals \$ 14.

Signed this 23 day of July, 2005.

FURTHER AFFIANT SAYETH NOT.

Under the penalties of perjury I (we) declare that I (we) have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.


General Partner


General Partner

General Partner

General Partner

General Partner

General Partner

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DIVISION OF CORPORATIONS
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Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line. ▶ Keep a copy for your records.

EIN

OMB No. 1545-0003

Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested Dean G. Berry	
	2 Trade name of business (if different from name on line 1) KnowUrProfessor.com	3 Executor, trustee, "care of" name Tahneia Grant
	4a Mailing address (room, apt., suite no. and street, or P.O. box) 1635 N.W. 80th Ave Unit B	5a Street address (if different) (Do not enter a P.O. box.)
	4b City, state, and ZIP code Margate FL 33063	5b City, state, and ZIP code
	6 County and state where principal business is located Broward/Florida	
	7a Name of principal officer, general partner, grantor, owner, or trustor Dean G. Berry	7b SSN, ITIN, or EIN 054-68-7530

8a Type of entity (check only one box)	<input type="checkbox"/> Estate (SSN of decedent)
<input checked="" type="checkbox"/> Sole proprietor (SSN)	<input type="checkbox"/> Plan administrator (SSN)
<input checked="" type="checkbox"/> Partnership	<input type="checkbox"/> Trust (SSN of grantor)
<input type="checkbox"/> Corporation (enter form number to be filed) ▶	<input type="checkbox"/> National Guard <input type="checkbox"/> State/local government
<input type="checkbox"/> Personal service corp.	<input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military
<input type="checkbox"/> Church or church-controlled organization	<input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises
<input type="checkbox"/> Other nonprofit organization (specify) ▶	Group Exemption Number (GEN) ▶
<input type="checkbox"/> Other (specify) ▶	

8b If a corporation, name the state or foreign country (if applicable) where incorporated	State Florida	Foreign country
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9 Reason for applying (check only one box)	<input type="checkbox"/> Banking purpose (specify purpose) ▶
<input checked="" type="checkbox"/> Started new business (specify type) ▶ Consulting/IT	<input type="checkbox"/> Changed type of organization (specify new type) ▶
<input type="checkbox"/> Hired employees (Check the box and see line 12.)	<input type="checkbox"/> Purchased going business
<input type="checkbox"/> Compliance with IRS withholding regulations	<input type="checkbox"/> Created a trust (specify type) ▶
<input type="checkbox"/> Other (specify) ▶	<input type="checkbox"/> Created a pension plan (specify type) ▶

10 Date business started or acquired (month, day, year) 07/23/2004	11 Closing month of accounting year July
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12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)	July 29, 2004
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13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "-0-."	Agricultural	Household	Other 2
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14 Check one box that best describes the principal activity of your business.	<input type="checkbox"/> Health care & social assistance	<input type="checkbox"/> Wholesale-agent/broker
<input type="checkbox"/> Construction	<input type="checkbox"/> Accommodation & food service	<input type="checkbox"/> Wholesale-other
<input type="checkbox"/> Rental & leasing	<input type="checkbox"/> Other (specify) marketing/consulting	<input type="checkbox"/> Retail
<input type="checkbox"/> Transportation & warehousing		
<input type="checkbox"/> Real estate		
<input type="checkbox"/> Manufacturing		
<input type="checkbox"/> Finance & insurance		

15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. marketing consulting services

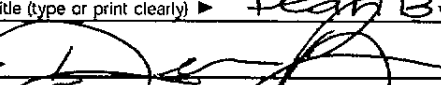
16a Has the applicant ever applied for an employer identification number for this or any other business? Note: If "Yes," please complete lines 16b and 16c.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.	Legal name ▶	Trade name ▶
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16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.	Approximate date when filed (mo., day, year)	City and state where filed	Previous EIN
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Third Party Designee	Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.	
	Designee's name	Designee's telephone number (include area code) ()
	Address and ZIP code	Designee's fax number (include area code) ()

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (type or print clearly) ▶ Dean Berry / CEO	Applicant's telephone number (include area code) (754) 683-4584
Signature ▶ 	Applicant's fax number (include area code) (432) 206-9395
Date ▶ 7/23/04	