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TALLAHASSEE, FLORIDA

CERTIFICATE OF LIMITED PARTNERSHIP

1. New World Services and Materials, Ltd.
(Name of Limited Partnership: must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")
2. 11099 Pine Estates Drive, Jacksonville, FL 32218
(Business address of Limited Partnership)
3. Richard Edward Worth
(Name of Registered Agent for Service of Process)
4. 11099 Pine Estates Drive, Jacksonville, FL 32218
(Florida street address for Registered Agent)
5. _____
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)
6. 11099 Pine Estates Drive, Jacksonville, FL 32218
(Mailing Address of the Limited Partnership)

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

| | |
|-----------------------------|---------------------------------|
| <u>Richard Edward Worth</u> | <u>11099 Pine Estates Drive</u> |
| _____ | <u>Jacksonville, FL 32218</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 30 day of January, 2005.

Signature of all general partners:

Richard E. Worth
General Partner

General Partner

General Partner

General Partner

General Partner

General Partner

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

The undersigned constituting all of the general partners of New World Services and
Materials, Ltd.

a Florida Limited Partnership, certify:

The amount of capital contributions to date of the limited partners is \$ 500.00

The total amount contributed and anticipated to be contributed by the limited partners at this time
totals \$ 500.00

Signed this 30 day of January, 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.*

Richard S. Wain
General Partner

General Partner

General Partner

General Partner

General Partner

General Partner

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Form **SS-4**(Rev. December 2001)
Department of the Treasury
Internal Revenue Service**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 New World Services and Materials, Ltd | | |
| | 2 Trade name of business (if different from name on line 1) | | 3 Executor, trustee, "care of" name |
| | 4a Mailing address (room, apt., suite no. and street, or P.O. box) 11099 Pine Estates Drive | | 5a Street address (if different) (Do not enter a P.O. box.) |
| | 4b City, state, and ZIP code Jacksonville, FL 32218 | | 5b City, state, and ZIP code |
| | 6 County and state where principal business is located Duval, Florida | | |
| | 7a Name of principal officer, general partner, grantor, owner, or trustor Richard Edward Worth | | 7b SSN, ITIN, or EIN 535-84-0757 |

| | | | |
|---|---|--|--|
| 8a Type of entity (check only one box) | | | |
| <input type="checkbox"/> Sole proprietor (SSN) _____ | <input type="checkbox"/> Estate (SSN of decedent) _____ | | |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Plan administrator (SSN) _____ | | |
| <input checked="" type="checkbox"/> Corporation (enter form number to be filed) ▶ 1120-S | <input type="checkbox"/> Trust (SSN of grantor) _____ | | |
| <input type="checkbox"/> Personal service corp. | <input type="checkbox"/> National Guard | <input type="checkbox"/> State/local government | |
| <input type="checkbox"/> Church or church-controlled organization | <input type="checkbox"/> Farmers' cooperative | <input type="checkbox"/> Federal government/military | |
| <input type="checkbox"/> Other nonprofit organization (specify) ▶ _____ | <input type="checkbox"/> REMIC | <input type="checkbox"/> Indian tribal governments/enterprises | |
| <input type="checkbox"/> Other (specify) ▶ _____ | Group Exemption Number (GEN) ▶ _____ | | |

| | | |
|--|-------|-----------------|
| 8b If a corporation, name the state or foreign country (if applicable) where incorporated | State | Foreign country |
| | | |

| | | | |
|---|--|--|--|
| 9 Reason for applying (check only one box) | | | |
| <input type="checkbox"/> Started new business (specify type) ▶ _____ | <input type="checkbox"/> Banking purpose (specify purpose) ▶ _____ | | |
| <input type="checkbox"/> Hired employees (Check the box and see line 12.) | <input checked="" type="checkbox"/> Changed type of organization (specify new type) ▶ LLC | | |
| <input type="checkbox"/> Compliance with IRS withholding regulations | <input type="checkbox"/> Purchased going business | | |
| <input type="checkbox"/> Other (specify) ▶ _____ | <input type="checkbox"/> Created a trust (specify type) ▶ _____ | | |
| | <input type="checkbox"/> Created a pension plan (specify type) ▶ _____ | | |

| | |
|---|---|
| 10 Date business started or acquired (month, day, year) January 31, 2005 | 11 Closing month of accounting year December |
|---|---|

| | | | |
|--|--------------|-----------|----------|
| 12 First date wages or annuities were paid or will be paid (month, day, year). <i>Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)</i> ▶ unknown | | | |
| 13 Highest number of employees expected in the next 12 months. <i>Note: If the applicant does not expect to have any employees during the period, enter "-0-"</i> ▶ | Agricultural | Household | Other |
| | | | 0 |

| | | | |
|--|---|---|--|
| 14 Check one box that best describes the principal activity of your business. | | | |
| <input checked="" type="checkbox"/> Construction | <input type="checkbox"/> Rental & leasing | <input type="checkbox"/> Transportation & warehousing | <input type="checkbox"/> Health care & social assistance |
| <input type="checkbox"/> Real estate | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Finance & insurance | <input type="checkbox"/> Accommodation & food service |
| | | | <input type="checkbox"/> Wholesale-agent/broker |
| | | | <input type="checkbox"/> Wholesale-other |
| | | | <input type="checkbox"/> Retail |
| <input type="checkbox"/> Other (specify) _____ | | | |

| |
|---|
| 15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. remodeling |
|---|

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|--|
| 16a Has the applicant ever applied for an employer identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>Note: If "Yes," please complete lines 16b and 16c.</i> |
| 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 ▶ _____ |
| 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 _____ |

| | | |
|-----------------------------|---|--|
| 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) ▶ **Richard E. Worth**Signature ▶ **Richard E. Worth**Date ▶ **1-30-05**Applicant's telephone number (include area code)
(**904**) **924-9645**Applicant's fax number (include area code)
(**904**) **924-0231**