

# A96000000781

X

Requestor's Name	
Address	
City/State/Zip	Phone #

Office Use Only

97 FEB -3 PM 12:14  
FILED

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_ (Corporation Name) (Document #) Ms. Bowers Inc. GAVE
2. \_\_\_\_\_ (Corporation Name) (Document #) AUTHORIZATION BY PHONE TO
3. \_\_\_\_\_ (Corporation Name) (Document #) CORRECT 1/29/97
4. \_\_\_\_\_ (Corporation Name) (Document #) DATE 1/29/97 DOC. EXAM. ult

700002079547--5

-02/06/97--01015--008

\*\*\*2326.25 \*\*\*1750.00

- ☐ Walk in ☐ Pick up time \_\_\_\_\_ ☐ Certified Copy
- ☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

SA  
OK

AR  
OK

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Name Availability	
Document Examiner	<u>ult</u>
Updater	<u>ult</u>
Under Verifier	<u>ult</u>
Acknowledge, notary	<u>ult</u>
W. P. Verifier	<u>ult</u>

ult 2/3  
S.A. need

FILING 1750.00  
C. COPY \_\_\_\_\_  
R. AGENT \_\_\_\_\_  
TOTAL 1750.00  
BALANCE 0.00  
REFUND \$ \_\_\_\_\_

Examiner's Initials



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

December 10, 1996

NKF I DRIVE LIMITED PARTNERSHIP  
8433 LITTLELEAF COURT  
ORLANDO, FL 32835-2559

SUBJECT: NKF I DRIVE LIMITED PARTNERSHIP  
Ref. Number: A9600000781

We have received your document for NKF I DRIVE LIMITED PARTNERSHIP and your check(s) totaling \$576.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have indicated in block 5b or 8b on the document that the contributions of the limited partners have gone beyond what we currently have on file. A supplemental affidavit must be filed pursuant to chapter 620, Florida Statutes. The filing fee is based on the additional amount of contributions calculated at a rate of \$7 per \$1000 with a minimum filing fee of \$52.50 and a maximum filing fee of \$1750.

The fee to file the supplemental affidavit is \$306.25 and the fee to file the annual report is \$576.25. The total fee due for both filings is \$882.50. Please return the supplemental affidavit and the annual report together with the appropriate fee.

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 (904) 487-6911.

Brenda Tadlock  
Sr. Corporate Section Administrator

Letter Number: 296A00055207

1750.00  
882.50  

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2632.50 due



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

SUPPLEMENTAL AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A  
FLORIDA LIMITED PARTNERSHIP

FILED  
97 FEB -3 PM 14  
SECRET  
TALLAHASSEE

The undersigned general partners of NKF J-DRIVE LIMITED PARTNERSHIP, a  
Florida Limited Partnership, executed this supplemental affidavit filed pursuant to section 620.112,  
Florida Statutes.

The total amount of the capital contributions of the limited partners is: \$ 543,750.00

This 20<sup>th</sup> day of December, 19 96.

FURTHER AFFLANT SAYETH NOT.

*Under penalties of perjury I declare that I have read the foregoing and that the facts are true, to  
the best of my knowledge and belief.*

General Partner(s)  
NKF, INC. D/B/A  
NKF Group, Inc.  
by Vicki Baiaro /sec. /trus

FEES:

\$7 per \$1,000 based on the additional contributions  
(Minimum \$52.50 - Maximum \$1,750.00)

INHSE20(3-95)