

Document Number Only

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CT Corporation System
660 East Jefferson Street
Tallahassee, FL 32301
Tel 850 222 1092
Fax 850 222 7615
Attn: Jeff Netherton

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-04/13/00--01055--018
***245.00 ***245.00

CORPORATION(S) NAME

Ronald Palmer Family Limited Partnership

- | | | |
|---|---|---|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Nonprofit | | |
| <input checked="" type="checkbox"/> Foreign | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| | <input type="checkbox"/> Reinstatement | |
| <input checked="" type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> LLC | <input type="checkbox"/> Name Registration | <input type="checkbox"/> Change of RA |
| | <input type="checkbox"/> Fictitious Name | <input type="checkbox"/> UCC |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Photocopies | <input type="checkbox"/> CUS |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 APR 13 PM 2:11

Name _____
Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
Acknowledgement _____
W.P. Verifier _____

04/13/00

3/2
4/13/00

RECEIVED
00 APR 13 AM 11:22
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32304

APPLICATION BY FOREIGN LIMITED PARTNERSHIP FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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DIVISION OF CORPORATIONS
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1. RONALD PALMER FAMILY LIMITED Partnership
(Name of limited partnership as it is in the home state)

2. SAME
(If name is unavailable, name under which the limited partnership proposes to register or transact business in Florida; must contain the word "LIMITED" or "LTD.")

3. MICHIGAN
(State of Formation)

4. 12-13-96
(Date of Formation)

5. CT Corporation System
(Name of Registered Agent for Service of Process)

6. c/o CT Corporation System, 1200 South Pine Island Road
(Street Address of Registered Office)

Plantation, Florida 33324
(City) (Zip Code)

7. Acceptance by the Registered Agent for Service of Process:
CT Corporation System

Connie Bryan **CONNIE BRYAN**
(Agent must sign on this line) **SPECIAL ASSISTANT SECRETARY**

8. 20400 SUPERIOR RD, TAYLOR, MI 48180
(Address of registered office required in state of formation or, if not required, address of principal office.)

9. NAMES OF GENERAL PARTNERS

STREET ADDRESS

RONALD PALMER 20400 SUPERIOR
TAYLOR, MI 48180

10. 20400 SUPERIOR, TAYLOR, MI 48180
(Office where Names, Addresses and Contributions of Limited Partners are kept.)

11. The limited partnership will undertake to keep the records listing the addresses and capital contributions of the limited partner or limited partners until the limited partnership's registration in Florida is canceled or withdrawn.

CONTINUED

12. 20400 SUPERIOR RD.

TAYLOR, MI 48180

(Mailing Address of Limited Partnership)

Under penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

This 10 day of APRIL, 2000.

* [Signature]

General Partner

STATE OF MICHIGAN

COUNTY OF WAYNE

On this 10 day of APRIL, 2000.

RONALD PALMER

personally appeared before me,

who is personally known to me

whose identity I proved on the basis of _____

[Signature]
(Notary Public Signature)

Susan Urdahl
(Notary's Printed Name)

Seal

My Commission Expires: 2/28/03.

SUSAN URDAHL
NOTARY PUBLIC STATE OF MICHIGAN
WAYNE COUNTY
ACTING IN:
Wayne County
MY COMMISSION EXP. FEB. 28, 2003

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SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
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AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared Ronald Palmer
a general partner of Ronald Palmer Family Limited Partnership, a (an) MICHIGAN
limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

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SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
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1. The amount of capital contributions of the limited partners is \$ 25,000.00
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 30,000.00

Under the penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

This 10 day of APRIL, 2000.

Ronald Palmer
*
General Partner

STATE OF MICHIGAN
COUNTY OF WAYNE

On this 10 day of APRIL, 2000,

Ronald Palmer, personally appeared before me,

- who is personally known to me
- whose identity I proved on the basis of _____

Susan Urdahl
(Notary Public Signature)

SUSAN URDAHL
(Notary's Printed Name)

Seal

My Commission Expires:

2-28-03.

