

Document Number Only

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

800003207478--5  
-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		

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

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

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

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 4. 12-13-96  
(State of Formation) (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
- |                      |                         |
|----------------------|-------------------------|
| <u>RONALD PALMER</u> | <u>20400 SUPERIOR</u>   |
|                      | <u>TAYLOR, MI 48180</u> |
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

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

**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:

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 \_\_\_\_\_

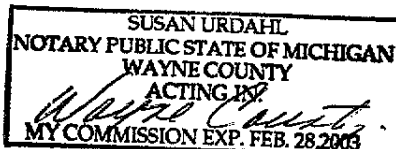
Susan Urdaahl  
(Notary Public Signature)

SUSAN URDAHL  
(Notary's Printed Name)

Seal

My Commission Expires:

2-28-03.



FILED STATE  
SECRETARY OF CORPORATIONS  
APR 13 PM 2:11