

B04000000058

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

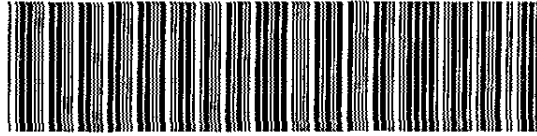
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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000028403460

02/13/04 --01047--001 *\$343.00

FILED
04 FEB 13 PM 1:05
TALLAHASSEE, FLORIDA

\$255.50

Florida Dept of State
Division of Corporations
409 E Gaines Street
Tallahassee, FL 32399

February 12, 2004

FILED
04 FEB 13 PM 1:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Attn: Mrs Marsha Thomas

Dear Mrs Thomas:

I am enclosing herewith, the required completed forms for registration of my foreign corporation "The Christian Family Limited Partnership" together with my company check for \$343.00.

Thank you very much for a very speedy process. I can be reached at either my Cell phone of (407) 928-5849 or business phone (863) 421-2064 or FAX (407) 996-3243.

Sincerely,



Emily B Strait
General Partner
The Christian Family Limited Partnership

Enc.

87.50
LP

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

1. THE CHRISTIAN FAMILY LIMITED PARTNERSHIP
(Name of limited partnership as it is in the home state)

2. _____
(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. NEVADA
(State of Formation)

4. JULY 18, 2002
(Date of Formation)

5. EMILY B STRAIT
(Name of Registered Agent for Service of Process)

6. 7110 COUNTY ROAD 544 EAST
(Street Address of Registered Office)

HAINES CITY, Florida 33844-8899
(City) (Zip Code)

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

Emily B Strait
(Agent must sign on this line)

8. 1504 N. US Hwy 395 #8
Gardnerville Nevada, 89410
(Address of registered office required in state of formation or, if not required, address of principal office.)

9. NAMES OF GENERAL PARTNERS

STREET ADDRESS

EMILY B STRAIT 8219 VIA VERONA
ORLANDO, FL 32836

10. 8219 VIA VERONA, ORLANDO, FL 32836
(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

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04 FEB 13 PM 4:05
SECRETARY OF
TALLAHASSEE, FL 32301

12. 8219 VIA VERONAORLANDO, FL 32836

(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.

Signed this 12th day of FEBRUARY, 2004.Emily B Strait

General Partner

STATE OF FLORIDA

COUNTY OF

OrangeOn this 12th day of February, 2004.Emily Bascom strait

personally appeared before me,

☐ who is personally known to me☒ whose identity I proved on the basis of Florida License# 5363202 469570Carolina Vargas

(Notary Public Signature)

Carolina Vargas

(Notary's Printed Name)

Seal

My Commission Expires: 11-16-07

Carolina Vargas
My Commission DD287748
Expires November 16, 2007

04 FEB 13 PM 1:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared EMILY B STRAIT
 a general partner of THE CHRISTIAN FAMILY, a (an) _____
 limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is \$ 44,000
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 5,000.00.

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.

Signed this 12th day of FEBRUARY, 2004.

Emily B Strait
 General Partner

STATE OF Florida
 COUNTY OF Orange

On this 12 day of February, 2004.

_____, personally appeared before me,

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

FL DL 5363-202 -46-9570

Carolina Vargas
 (Notary Public Signature)

Carolina Vargas
 (Notary's Printed Name)



Carolina Vargas
 My Commission DD267748
 Expires November 16, 2007

Seal

My Commission Expires: 11-16-07

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 04 FEB 13 PM 1:05
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA