

B040000000104

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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FILED
04 FEB 27 AM 10:44
TALLAHASSEE, FLORIDA

TRANSMITTAL SHEET

TO:	FROM:
Department of State	Harold W. Coffield
COMPANY:	DATE:
Division of Corporations	February 19, 2004
RE:	SJEG PROJECT #:
Application for foreign limited Partnership	

☐ URGENT ☐ FOR REVIEW ☐ TO BE PICKED UP ☒ VIA HAROLD ☐ VIA US POSTAL MAIL

NOTES/COMMENTS:

ATTACHMENTS

- Please find attached application for foreign limited partnership. If you have any questions please feel free to call me at 904-646-4299

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

1. Nefes Nevada LP
(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 4. 2/24/2000
(State of Formation) (Date of Formation)

5. H. W. Coffield
(Name of Registered Agent for Service of Process)

6. 11250 Alumni Way
(Street Address of Registered Office)

Jax 32246
(City) Florida (Zip Code)

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

[Signature]
(Agent must sign on this line)

8. 11250 Alumni Way
Jax, FL 32246
(Address of registered office required in state of formation or, if not required, address of principal office.)

9. NAMES OF GENERAL PARTNERS

STREET ADDRESS

NEFES INC

11250 Alumni Way Jax FL 32246

P04-41294

10. 11250 Alumni Way Jax, FL 32246
(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of the limited partner or limited partners until the limited partnership's registration in Florida is canceled or withdrawn.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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AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared NEFES, INC
a general partner of Nefes Nevada LP, 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 \$ 100.00
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 7000.00

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 _____ day of _____

[Signature] V.P.
General Partner

STATE OF Florida

COUNTY OF Duval

On this 19 day of February, 2004

Harold W. Coffield, personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

Marjorie Marie Weaver
(Notary Public Signature)

Marjorie Marie Weaver
(Notary's Printed Name)



Seal

My Commission Expires: October 21, 2007

12. 11250 Alumni Way Jax, FL 32246

(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 19 day of FEBRUARY, 2004

[Signature] VP
General Partner

STATE OF

FLORIDA

COUNTY OF

DOUGLAS

On this 19 day of February, 2004

Harold W. Coffield, personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

Marjorie Marie Weaver
(Notary Public Signature)

Marjorie Marie Weaver
(Notary's Printed Name)

Seal

My Commission Expires: October 21, 2007

