B04000000212

(Requestor's Name)							
(Requestors Name)							
ORIGIN ID KYOA (813) 289-9442							
MAILROOM ADVANTECH SOLUTIONS 1410 N WESTSHORE BLVD SUITE 500 TAMPA, FL 33607							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(200)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
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APPLICATION BY FOREIGN LIMITED PARTNERSHIP FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

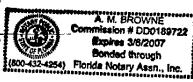
	(Name of limited partn	ership as it is in the home state)	
name is unavailable, n	ame under which the limited	partnership proposes to register or transact business in F	lorida;
	must contain the wo	ord "LIMITED" or "LTD.")	
Texas		December 31, 2003	
(State of Fe	ormation)	(Date of Formation)	
L. Lowry Baldwii	n		
	(Name of Registered A	Agent for Service of Process)	
1410 N. Wootch	ara Blud Suita 600		
1410 N. Westsiii	ore Blvd., Suite 600	s of Registered Office)	•,
	(Sitest Addies		
ampa		Florida 33607-4532	
	(City)	(Zip Code)	
	(Chy)	(Zip Code)	
1	(Chy)	(Zip Code)	
Acceptance by the Reg		. ///	
Acceptance by the Reg	istered Agent for Service of F	yefeesse!	Z DIV
Acceptance by the Reg		yefeesse!	DISIVIQ
Acceptance by the Reg	istered Agent for Service of F	yefeesse!	DIVISION O
1.1	istered Agent for Service of F	St sign on this line)	DIVISION OF G
1410 N Westsho	(Agent mustore Blvd., Suite 600	St sign on this line)	SECRETARY OF DIVISION OF CORP
1410 N Westsho Tampa, FL 3360	(Agent must ore Bivd., Suite 600	St sign on this line)	Y OF ST
1410 N Westsho Tampa, FL 3360	(Agent must ore Bivd., Suite 600	St sign on this line) formation or, if not required, address of principal office	Y OF STATE
Tampa, FL 3360 (Address of register	(Agent must ore Blvd., Suite 600 7-4532 red office required in state of	St sign on this line)	Y OF STATE
1410 N Westsho Tampa, FL 3360 (Address of register NAMES OF GENERA	(Agent must ore Blvd., Suite 600 7-4532 red office required in state of	formation or, if not required, address of principal office STREET ADDRESS	Y OF STATE
Tampa, FL 3360 (Address of register) NAMES OF GENERALIR Agency, LLC	(Agent must ore Blvd., Suite 600 7-4532 red office required in state of AL PARTNERS	formation or, if not required, address of principal office	Y OF STATE
Tampa, FL 3360 (Address of register) NAMES OF GENERALIR Agency, LLC	(Agent must ore Blvd., Suite 600 7-4532 red office required in state of AL PARTNERS	formation or, if not required, address of principal office STREET ADDRESS	Y OF STATE
Tampa, FL 3360 (Address of register) NAMES OF GENERALIR Agency, LLC	(Agent must ore Blvd., Suite 600 7-4532 red office required in state of	formation or, if not required, address of principal office STREET ADDRESS	Y OF STATE
Tampa, FL 3360 (Address of register) NAMES OF GENERALIR Agency, LLC	(Agent must ore Blvd., Suite 600 7-4532 red office required in state of AL PARTNERS	formation or, if not required, address of principal office STREET ADDRESS	Y OF STATE
Tampa, FL 3360 (Address of register) NAMES OF GENERALIR Agency, LLC	(Agent must ore Blvd., Suite 600 7-4532 red office required in state of AL PARTNERS	formation or, if not required, address of principal office STREET ADDRESS	Y OF STATE

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.

(Office where Names, Addresses and Contributions of Limited Partners are kept.)

Angelina Browne

(Notary's Printed Name)



Seal

My Commission Expires: 3/6/07

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared	James K. Murray	y, III (HR Age	ncy, LLC)	
VOI / LT-I				
limited partnership, hereinafter referred to as the "Pa				
1. The amount of capital contributions of the limited	1 partners is \$ <u>196,</u> 5	543		
2. The anticipated amount of the capital contribution		rs that are allocate	ed for the purpos	ses of
transacting business in Florida is \$ 1965.00-	, -	·		,
Under the penalties of perjury I, being duly sworn, a that the facts stated herein are true and correct.	leclare that I have read	l the foregoing an	nd know the cont	ents thereof and
Signed this 20th day of April	, 2004	·		
	General Partner	<u> </u>	:	SECRETARY DIVISION OF CO
STATE OF Florida				PH (
COUNTY OF Hillsborough				STATE DRATION 3: 36
On this 20th day of	April	7	2004	,
James K. Murray, III		ersonally appeare	ed before me,	
who is personally known to me whose identity I proved on the basis of		·		
(Notary Public Signature)	Commission # D Expires 3/6 Bonded the	/2007 ough		
Angelina Browne	141100100000000000000000000000000000000			
(Notary's Printed Name)				

My Commission Expires: 3/6/07

Seal