

B050000000186

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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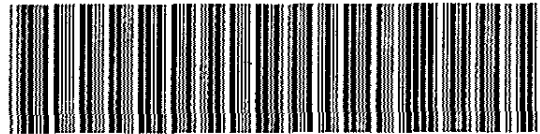
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Brumbley MAY 2 2005

Beth Boniface

Attorney and Counselor at Law

1521 Crenshaw Road, Knoxville, TN 37920 • Phone 865-388-1435 • Fax 423-317-6570

April 22, 2005

Bureau of Commercial Recording
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

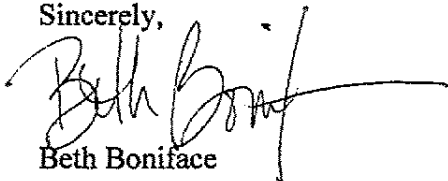
Re: BMRK Family, L.P.

To Whom It May Concern:

Enclosed please find the Application by Foreign Limited Partnership for Authorization to Transact Business in Florida and the Affidavit of Capital Contributions for a Foreign Limited Partnership. In addition, please find the Filing Fee of \$1785 based upon the \$300,000 of capital contribution to our Florida branch of the business and the \$35.00 fee for registering an agent in Florida.

Once you have filed this package, please mail the acknowledgement to Beth Boniface at the above address. If there are any questions or problems with this filing, please contact Beth Boniface at the above phone number.

Sincerely,

A handwritten signature in cursive script, appearing to read "Beth Boniface", with a long horizontal flourish extending to the right.

Beth Boniface

Enc.

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

1. BMRK FAMILY, L.P.
(Name of limited partnership as it is in the home state)

2. KING FAMILY LIMITED PARTNERSHIP
(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. TENNESSEE 4. 01/27/2005
(State of Formation) (Date of Formation)

5. WILLIAM D. KING
(Name of Registered Agent for Service of Process)

6. 2631-A NW 41ST STREET
(Street Address of Registered Office)

GAINESVILLE, Florida 32606
(City) (Zip Code)

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

William D. King
(Agent must sign on this line)

8. 911 SHADE TREE LANE, KNOXVILLE, TENNESSEE 37922

(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>WILLIAM D. KING</u>	<u>911 SHADE TREE LANE, KNOXVILLE, TN 37922</u>

10. 911 SHADE TREE LANE, KNOXVILLE, TN 37922
(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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12. 911 SHADE TREE LANE, KNOXVILLE, TENNESSEE 37922

(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 25th day of April, 2005.

William D. King
General Partner

STATE OF TENNESSEE

COUNTY OF KNOX

On this 25 day of April, 2005.

William D. King, personally appeared before me

☒ who is personally known to me

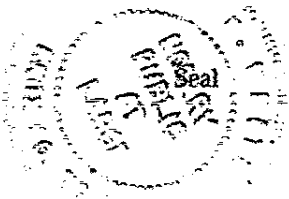
☐ whose identity I proved on the basis of _____

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Jo H. White
(Notary Public Signature)

Jo H. White
(Notary's Printed Name)

My Commission Expires July 13, 2008



AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared WILLIAM D. KING
a general partner of BMRK FAMILY, L.P., a (an) TENNESSEE
limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is \$ 490,000.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 300,000.

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 25th day of April, 2005.

William D. King
General Partner

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TALLAHASSEE, FLORIDA

STATE OF TENNESSEE
COUNTY OF KNOX

On this 25 day of April, 2005,

William D. King, personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

[Signature]
(Notary Public Signature)

Jo H. White
(Notary's Printed Name)

My Commission Expires July 13, 2008

