

B050000000405

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

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Availability

Document
Examiner

DCC

Office Use Only

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DCC

Mediator
verifier

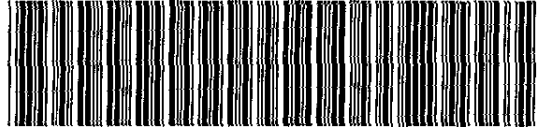
DCC

Acknowledgement

DCC

W. P. Verifier

DCC



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08/29/05--01044--004 **87.50

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2005 SEP 16 P 1:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RA Fla Street address

TC
\$30.00

Division of Corporations
P O Box 6327
Tallahassee FL 32314

Please find enclosed an application by foreign limited partnership for authorization to transact business in Florida.

With and questions or concerns please contact Tracy Szymczak at 574-234-5081.

328 N Michigan St, F-2
South Bend IN
46601

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TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

August 31, 2005

TRACY SZYMEZAK
328 N MICHIGAN ST., F-2
SOUND BEND, IN 46601

SUBJECT: PAPEWORKS LTD.
Ref. Number: W05000041000

We have received your document for PAPEWORKS LTD. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered agent must be at a Florida street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6913.

Diane Cushing
Document Specialist

Letter Number: 405A00054873

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

1. Paperworks LTD
(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. ILLINOIS
(State of Formation)

4. 4-21-99
(Date of Formation)

5. Tony Albachiana
(Name of Registered Agent for Service of Process)

6. 2176 Alague Dr
(Street Address of Registered Office)

Langwood Florida 32779
(City) (Zip Code)

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

[Signature]
(Agent must sign on this line)

8. 2176 Alague Dr
Langwood FL 32779
(Address of registered office required in state of formation or, if not required, address of principal office)

9. NAMES OF GENERAL PARTNERS

STREET ADDRESS

Marguerite Albachiana 2176 Alague Dr
Langwood FL 32779

10. 2176 Alague Dr Langwood FL 32779
(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.

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TALLAHASSEE, FLORIDA

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12. 2176 Alagua Dr
Langwood FL 32779
(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 August 2005.
(X) Malbachera
General Partner

STATE OF Indiana

COUNTY OF St. Joseph

On this 19 day of August, 2005.

Marguerite Albachiana, personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

Tracy Szymczak
(Notary Public Signature)

Tracy Szymczak
(Notary's Printed Name)

Seal

My Commission Expires: 6-8-2008

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TALLAHASSEE, FLORIDA

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AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared Marguerite Albachiara
a general partner of Paperworks LTD, a (an) Illinois
limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is \$ 100.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 50.

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 19 day of August, 2005.

(X) Malbachiara
General Partner

STATE OF Indiana
COUNTY OF St Joseph

On this 19 day of August, 2005

Marguerite Albachiara, personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

Dracy Szymczak
(Notary Public Signature)

Tracy Szymczak
(Notary's Printed Name)

Seal

My Commission Expires: 6-8-2008

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE