

B05000000481

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

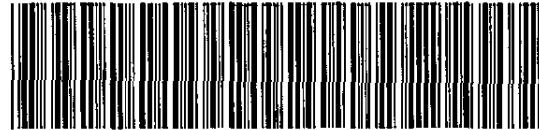
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700061090557

11/10/10 10:15:00Z ***

711 22
2005-10-22 A 9:28
SECRET
TALLMAN, JAMES

TC
\$6000.00

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Kyrie Eleison Family Limited Partnership
(Name of Foreign Limited Partnership)

Dear Sir or Madam:

The enclosed application, affidavit and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jose Paredes
(Name of Person)

Kyrie Eleison Family Limited Partnership
(Firm/Company)

1543 Kingsley Avenue Bldg 16
(Address)

Orange Park, FL 32073
(City/State and Zip Code)

For further information concerning this matter, please call:

Jose Paredes at (904) 541-0315
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

2005 JUN -2 A 9:28
FILED
TALLAHASSEE, FLORIDA

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

1. Kyrie Eleison 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.")

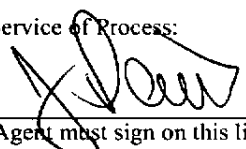
3. Navada 4. 10/19/2005
(State of Formation) (Date of Formation)

5. Jose Paredes
(Name of Registered Agent for Service of Process)

6. 1543 Kingsley Avenue Bldg 16
(Street Address of Registered Office)

Orange Park, Florida 32073
(City) (Zip Code)

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


(Agent must sign on this line)

8. Kingsley Avenue Bldg 16

Orange Park, FL 32073
(Address of registered office required in state of formation or, if not required, address of principal office)

9. NAMES OF GENERAL PARTNERS STREET ADDRESS

Mary E. Schmieder - 1543 Kingsley Avenue Bldg 16, OP FL 32073

10. 1543 Kingsley Avenue Bldg 16, Orange Park FL 32073
(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

12. 1543 Kingsley Avenue Bldg 16

Orange Park, FL 32073

(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 1 day of November, 2005.

[Signature]
General Partner

STATE OF Florida

COUNTY OF Clay

On this 1 day of November, 2005,

_____, personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

[Signature]
(Notary Public Signature)

Jose Paredes

(Notary's Printed Name)



Jose Paredes
Commission #DD171426
Expires: Dec 12, 2006
Bonded Thru
Atlantic Bonding Co., Inc.

Seal

My Commission Expires: _____

2005 NOV -2 A 9:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

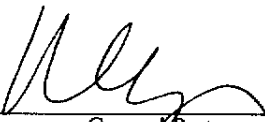
AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared Mary E. Schmieder,
a general partner of Kyrie Eleison, a (an) Family
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 \$ 6000.00.

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 1 day of November, 2005.



General Partner

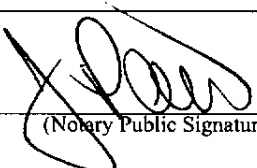
STATE OF Florida

COUNTY OF Clay

On this 1 day of November, 2005,

_____, personally appeared before me

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



(Notary Public Signature)

Jose Paredes

(Notary's Printed Name)

Seal

My Commission Expires:



Jose Paredes
Commission #DD171426
Expires: Dec 12, 2006
Bonded Thru
Atlantic Bonding Co., Inc.

FILED
2005 NOV - 2 A P 28
CLAY COUNTY FLORIDA