# 1306000000064

(Re	questor's Name)	
(Add	dress)	<del></del>
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(City	y/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)	
(Dod	cument Number)	
Certified Copies	Certificates of	Status
Special Instructions to F	Filling Officer:	

Office Use Only



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02/03/06--01031--008 \*\*1000.00





ACCOUNT NO. : 072100000032

REFERENCE : 850327 4144C

AUTHORIZATION :

COST LIMIT : \$ PPD

ORDER DATE: February 3, 2006

ORDER TIME : 11:10 AM

ORDER NO. : 850327-005

CUSTOMER NO: 4144C

#### FOREIGN FILINGS

NAME: KING

KINGSTONE FAMILY LIMITED

PARTNERSHIP

XXXX QUALIFICATION (TYPE: LP)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Joyce Markley -- EXT# 2930

EXAMINER:

FILED S. M. 9:00



February 3, 2006

JOYCE MARKLEY CSC TALLAHASSEE, FL STATE RESUBMINE TO THE RESULMENT TO THE RESULME TO THE RESULME.

Please give original submission date as file date.

SUBJECT: KINGSTONE FAMILY LIMITED PARTNERSHIP

Ref. Number: W06000005541

We have received your document for KINGSTONE FAMILY LIMITED PARTNERSHIP and the authorization to debit your account in the amount of \$1000.00. However, the document has not been filed and is being returned for the following:

The Registered Agent must please sign the acceptance statement.

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) 245-6914.

Buck Kohr Document Specialist

Letter Number: 606A00008140

#### APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP TO TRANSACT BUSINES IN FLORIDA

## Market San Control of the Control of , Kingstone Family Limited Partnership (Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix) Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.P. or LLLP. (If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact business in Florida; must contain acceptable suffix.) 2. Nevada <sub>3.</sub> 12/27/96 (Date of Formation) (State or Country of Formation) 4 Corporation Service Company (Name of Registered Agent for Service of Process) 5 1201 Hays Street (Florida street address for Registered Agent) Tallahassee, Florida 32301-2607 6. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent. Laura R. Dunlap as its agent 7718 Dawberry Court (Principal office address) Orlando, Florida 32819

Page 1 of 3

8. If limited partnership is a limited liability limited partnership, check box

9. 7718 DAWBONG	4 COUNT			
9. 7718 DAWBORK Mailin DRAND, FL	g address) Z Z 81 9			
10. Name, principal office address, and mailing address of each general partner:				
BRETT KINGSTONE	7718 Dawberry Court			
(Name)	Orlando, FL 32819			
	(Mailing Address)			
(Name)	(Street Address)			
	(Mailing Address)			
(Name)	(Street Address)			
	(Mailing Address)			
(Name)	(Street Address)			
	(Mailing Address)			

(Name)	(Street Address)	l
	(Mailing Addres	ss)
(Name)	(Street Address)	
	(Mailing Addres	is)
1. Effective date, if other than the date o	f filing: N/A	
Effective date cannot be prior to n iled by the Florida Department of	nor more than 90 days after the date thi State.)	s document is
o the delivery of this application to	tence duly authenticated, not more than o the Florida Department of State, by the dy of the entity's records in the jurisdic	ne Secretary of
ligned thisday	of February	<u> </u>
signature of a general partner		
Malle		
Filing Fees: Certified Copy (optional): Cortificate of Status (optional):	\$1,000.00 (\$965 Filing Fee and \$35 Regis \$52.50	stered Agent Fee)

SECRETARY OF STATE



### CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **KINGSTONE FAMILY LIMITED PARTNERSHIP**, as a limited partnership duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since December 27, 1996, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on February 1, 2006.

DEAN HELLER Secretary of State

By Certification Clerk