13060000000095

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UF	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	s to Filing Officer:
	M





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SECRETARY OF STATE

2006 MAR - I PH 3: 47

FILED

06 FE9 21 FT 2: 48



ACCOUNT NO. : 072100000032

REFERENCE: 870581 4319329

AUTHORIZATION

COST LIMIT : 1000.00

ORDER DATE: February 15, 2006

ORDER TIME : 12:44 PM

ORDER NO. : 870581-005

CUSTOMER NO: 4319329

FOREIGN FILINGS

NAME: K&M ASSOCIATES, L.P.

XXXX QUALIFICATION (TYPE: LP)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Denise Mick -- EXT# 2950

EXAMINER:



E Submission of Secondary Physics of Care of Care of Secondary Physics of Care of FLORIDA DEPARTMENT OF STATE Division of Corporations

February 22, 2006

DENISE MICK CSC TALLAHASSEE, FL

SUBJECT: K&M ASSOCIATES, L.P.

Ref. Number: W06000008767

We have received your document for K&M ASSOCIATES, L.P. 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:

Before this limited partnership can be filed in Florida, its general partner --AIMPAR, INC. - must be registered here.,

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: 606A00012547

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

	ability Limited Partnership, which must include suffix)
	a Farmership, Limitea, L.F., LF, or Lta. o suffixes: Limited Liability Limited Partnership, L.L.L.P.
or LLLP.	
	imited partnership or limited liability limited partnership
proposes to register to transact busin	ness in Florida; must contain acceptable suffix.)
Rhode Island	_3. 04/04/95
(State or Country of Formation)	(Date of Formation)
4. Corporation Service Company	SSR
(Name of Registered	Agent for Service of Process)
5, 1201 Hays Street	TO THE STATE OF TH
(Florida street add	dress for Registered Agent)
Tallahassee, FL 32301	~
	d agent and agree to act in this capacity. I further agree to
comply with the provisions of all statutes relative	e to the proper and complete performance of my duties,
	e to the proper and complete performance of my duties, of my position as registered agent.
comply with the provisions of all statutes relative and I am familiar with an accept the obligations	e to the proper and complete performance of my duties, of my position as registered agent.
comply with the provisions of all statutes relative and I am familiar with an accept the obligations Corporation Service By: Deligial	e to the proper and complete performance of my duties, of my position as registered agent. Company Dehorah D. Skipper
comply with the provisions of all statutes relative and I am familiar with an accept the obligations Corporation Service By: Deligiah	e to the proper and complete performance of my duties, of my position as registered agent. Company
comply with the provisions of all statutes relative and I am familiar with an accept the obligations Corporation Service By: Deligation Signature 7. 4490-A SW 34th Street	e to the proper and complete performance of my duties, of my position as registered agent. Company of Registered Agent Deborah Asst. V. Pres.
comply with the provisions of all statutes relative and I am familiar with an accept the obligations Corporation Service By: Deligation Signature 7. 4490-A SW 34th Street	e to the proper and complete performance of my duties, of my position as registered agent. Company Dehorah D. Skipper

. 425 Dexter Street (Mailing address)			
ovidence, R. I. 02907	,		
Name, principal office address, and mailing address of each general partner:			
npar, Inc.	57 River Street		
(Name) FU6UU(001283	(Street Address) Wellesley Hills, MA 02481		
•	(Mailing Address)		
(Name)	(Street Address)		
	(Mailing Address)		
(Name)	(Street Address)		
	(Mailing Address)		
(Name)	(Street Address)		
	(Mailing Address)		

Page 2 of 3

•	
(Name)	(Street Address)
	(Mailing Address)
(Name)	(Street Address)
(* (*******)	(02001120000)
	(Mailing Address)
	(Mailing Address)
11. Effective date, if other than the date of	CGlina.
11. Effective date, if other dian the date of	ining
(Effective date cannot be prior to no	or more than 90 days after the date this document is
filed by the Florida Department of	
12 Attached is a certificate of exist	tence duly authenticated, not more than 90 days prior
	the Florida Department of State, by the Secretary of
	dy of the entity's records in the jurisdiction under the
law of which it is organized.	
Signed this 14th day	of February ,20 06 .
Signed this tay	
Signature of a general partner:	impa Inc
57/1/1/	
- Jana me	
Capita deal	
/	
Filing Fees:	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional):	\$52.50 \$9.75
Certificate of Status (optional):	\$8.75



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown Secretary of State

The Office of the Secretary of State of the State of Rhode Island and Providence Plantations, HEREBY CERTIFIES, that

K&M Associates L.P.

a Rhode Island limited partnership, filed a certificate of Limited Partnership in this office on the 6th day of November, 1985; and

IT IS FURTHER CERTIFIED that said partnership is now of record and has a legal existence in this office.

SIGNED AND SEALED this seventeenth day of February, A.D. 2006.

Cotto Brown Secretary of State

Billia Antorelli

