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SECRETARY OF STATE

J. BRYAN

DEC -4 2009

EXAMINER

COVER LETTER

Registration Section
Division of Corporations

TO:

Tallahassee, FL 32301

SUBJECT: Rown Book II, L. P. Name of Foreign Limited Partnership or Limited Liability Limited Partnership
The enclosed application, certificate of status and fees are submitted to register a foreign limited partnership or limited liability limited partnership to transact business in Florida. Please return all correspondence concerning this matter to:
Brown Bark II I.P. Firm/Company
4100 Geenberge Ste 120 Address
City, State and Zip Code TRACY ON OCVENTURES COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
TRACY Wear ley at (28) 265-5328 x 315 Name of Contact Person at (28) Area Code and Daytime Telephone Number
Enclosed is a check for the following amount:
\$\int_\$\$1,000.00 Filing Fees (\$\\$965 Filing Fee and \$\\$35 Registered Agent Fee) \$\int_\$\$1,000.00 Filing Fees and Certificate of and Certified Copy and Certificate of Status \$\int_\$\$1,000.00 Filing Fees \$\int_\$\$1,001.25 Filing Fees and Certified Copy and Certificate of Status
STREET ADDRESS: Registration Section Division of Corporations Clifton Building P. O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314

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

BROWN BARK II, L.P.	·	
(Name of Limited Partnership or Limited Liability Limited Partnership, which must include Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.	e suffix)	
Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnershi or LLLP.	ip, L.L.L.P.	
OF ELLE.		
If name unavailable, name under which the limited partnership or limited liability limited pa	rtnership	
proposes to register to transact business in Florida; must contain acceptable suffix.		
2. DelAware 3. 03/29/200	<u>5′7</u>	
State or Country of Formation Date of Formation		
4. Ed Hrebenae		
Name of Registered Agent for Service of Process	_	
5. 3441 SW Isleworth	Circ	le
Florida street address for Registered Agent	~ ~	
Nalm City FL 349	971	
6. I hereby accept the appointment as registered agent and agree to act in this capacity. I furt		
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9. P.O. Box 106	8
Stafford TX	g address)
10. Name, principal office address, and mai サかの00000 4723	ling address of each general partner:
NCBark I, L. C.	4100 Green brial Ste 120
	P.O. Box 1068
	Shafford X M49
Name	Street Address
	Mailing Address
Name	Street Address
	Mailing Address
Name	Street Address ARE T
	Mailing Address FLOT
	RELEGIO

Name	Street Address
	Mailing Address
Name	Street Address
	Mailing Address
11. Effective date, if other than the date of filing:	on fling
(Effective date cannot be prior to nor more to filed by the Florida Department of State.)	han 90 days after the date this document is
12. Attached is a certificate of existence duly to the delivery of this application to the Flori State or other official having custody of the elaw of which it is organized.	da Department of State, by the Secretary of
Signed this day of	lovember ,20 09.
Signature of a general partner:	
TRACY Weakley EUPICFO NC Bael Secretain	LI, LIC.
Filing Fees: \$1,000. Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75	00 (\$965 Filing Fee and \$35 Registered Agent Fee)

Delaware

PAGE

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "BROWN BARK II, L.P." IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING

AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE

SHOW, AS OF THE SIXTEENTH DAY OF NOVEMBER, A.D. 2009.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

O9 DEC -3 PH 12: 56
SECRETARY OF STATE

4326103` 8300

091021886

AUTHENTICATION: 7644214

DATE: 11-16-09

You may verify this certificate, online at corp. delaware.gov/authver.shtml