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(Address)

(City/State/Zip/Phone #)

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04 FEB 25 PM 4:39
U.S. DISTRICT COURT
NORTH DAKOTA
FARGO

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Business Development Partners Inc
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Melanie Stover
(Name of Person)
Business Development Partners Inc
(Firm/Company)
1724 NW 36 Ct
(Address)
OAKLAND PARK FL 33309
(City/State and Zip code)

For further information concerning this matter, please call:

Melanie Stover at (901) 335-2374
(Name of Person) (Area Code & Daytime Telephone Number)
954-485-2493

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

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

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☒ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Business Development Partners, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

Business Development Partners of TN, Inc.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Tennessee, USA 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 11/16/2001 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. Dec. 2003
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 1724 NW 36 Ct OAKLAND PARK FL 33309
(Principal office address)
1724 NW 36 Ct OAKLAND PARK FL 33309
(Current mailing address)

8. Consulting
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)

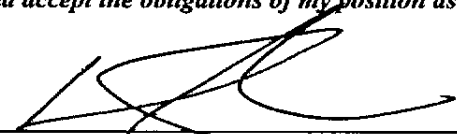
Name: MELANIE STOUER

Office Address: 1724 NW 36 Ct

OAKLAND PARK, Florida 33309
(City) (Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 and accept the obligations of my position as registered agent.


(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

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04 FEB 26 PM 4:39
CLERK OF THE
DEPARTMENT OF
STATE
TALLAHASSEE
FLORIDA

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Melanie Stover

Address: 1724 NW 36 Ct

OAKLAND PARK FL 33309

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: James Haebler

Address: 1724 NW 36 Ct

OAKLAND PARK FL 33309

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____

(Signature of Director or Officer listed in number 12 of the application)

14. MELANIE STOVER

(Typed or printed name and capacity of person signing application)

Secretary of State
Division of Business Services
312 Eighth Avenue North
6th Floor, William R. Snodgrass Tower
Nashville, Tennessee 37243

ISSUANCE DATE: 03/03/2004
REQUEST NUMBER: 5055-0607
TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 11/16/2001
STATUS: ACTIVE
CORPORATE EXPIRATION DATE: PERPETUAL
CONTROL NUMBER: 0417217
JURISDICTION: TENNESSEE

TO:
BUSINESS DEVELOPMENT PARTNERS, INC
%MELANIE STOVER
PO BOX 6327
TALLAHASSEE, FL 32314

REQUESTED BY:
BUSINESS DEVELOPMENT PARTNERS, INC
%MELANIE STOVER
PO BOX 6327
TALLAHASSEE, FL 32314

CERTIFICATE OF EXISTENCE

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT

"BUSINESS DEVELOPMENT PARTNERS, INC."

IS A CORPORATION DULY INCORPORATED UNDER THE LAW OF THIS STATE WITH DATE OF
INCORPORATION AND DURATION AS GIVEN ABOVE;
THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE
EXISTENCE OF THE CORPORATION HAVE BEEN PAID;
THAT THE MOST RECENT CORPORATION ANNUAL REPORT REQUIRED HAS BEEN FILED
WITH THIS OFFICE; AND
THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND
THAT ARTICLES OF TERMINATION OF CORPORATE EXISTENCE HAVE NOT BEEN FILED

FOR: REQUEST FOR CERTIFICATE

ON DATE: 03/03/04

FROM:
BUSINESS DEVELOPMENT PARTNERS, INC.
1977 LINDEN
MEMPHIS, TN 38104-0000

RECEIVED: FEES \$20.00 \$0.00
TOTAL PAYMENT RECEIVED: \$20.00

RECEIPT NUMBER: 00003441733
ACCOUNT NUMBER: 00427139



Riley C Darnell

RILEY C. DARNELL
SECRETARY OF STATE