

ME00005760

(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:

WIS-44488

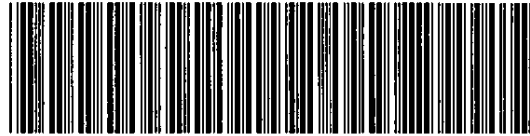
\$538.75

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Office Use Only



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06/26/15--01028--019 \*\*130.00

07/23/15--01001--015 \*\*538.75

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15 JUL 23 PM 5:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUL 22 2015  
S. YOUNG



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
15 JUL 16 PM 3: 04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

June 30, 2015

MICHAEL C RICHARDS  
10701 S OCEAN DRIVE UNIT 632  
JENSEN BEACH, FL 34957

SUBJECT: BUSINESS DEVELOPMENT PARTNERS FLORIDA, LLC  
Ref. Number: W15000044488

We have received your document for BUSINESS DEVELOPMENT PARTNERS FLORIDA, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$538.75.

You must submit a copy of the written consent of the managers or managing members adopting the alternate name for Florida. For your convenience, we are enclosing a fill-in-the-blank form for you to complete and return to our office for processing.

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) 245-6051.

Shelia H Young  
Regulatory Specialist II

Letter Number: 815A00013645

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Business Development Partners, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Michael C Richards

\_\_\_\_\_  
Name of Person

Business Development Partners, LLC

\_\_\_\_\_  
Firm/Company

10701 S Ocean Dr, Unit 632

\_\_\_\_\_  
Address

Jensen Beach, FL 34957

\_\_\_\_\_  
City/State and Zip Code

mike.richards@bdpllc.net

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mike Richards

913

449-4879

\_\_\_\_\_  
Name of Contact Person

at (\_\_\_\_\_) \_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**MAILING ADDRESS:**

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

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy

☐ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy

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TALLAHASSEE, FLORIDA

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Business Development Partners, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")  
Business Development Partners Florida, LLC  
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")
2. State of Kansas  
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 20-8403044  
(FEI number, if applicable)
4. July 1, 2014  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 10701 S Ocean Dr, Unit 632, Jensen Beach, FL 34957  
(Street Address of Principal Office)
6. 10701 S Ocean Dr, Unit 632, Jensen Beach, FL 34957  
(Mailing Address)
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  
Name: Michael C Richards  
Office Address: 10701 S Ocean Dr, Unit 632  
Jensen Beach, Florida 34957  
(City) (Zip code)

**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.*

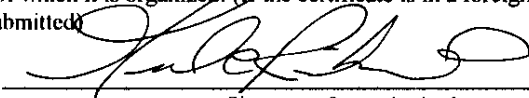
  
(Registered agent's signature)

**8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:**

Michael C Richards, President

10701 S. Ocean Dr, Lot 632, Jensen Beach, FL 34957

**9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)**

  
Signature of an authorized person

(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Michael C Richards

Typed or printed name of signee

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TALLAHASSEE, FLORIDA

**STATE OF KANSAS**  
**OFFICE OF**  
**SECRETARY OF STATE**  
**KRIS W. KOBACH**

I, KRIS W. KOBACH, Secretary of State of the state of Kansas, do hereby certify, that according to the records of this office.

Business Entity ID Number: 6153902

Entity Name: BUSINESS DEVELOPMENT PARTNERS, LLC

Entity Type: DOM: LTD LIABILITY COMPANY

State of Organization: KS

Resident Agent: MICHAEL C. RICHARDS

Registered Office: 4009 PRAIRIE LANE, PRAIRIE VILLAGE, KS 66208

was filed in this office on February 01, 2007, and is in good standing, having fully complied with all requirements of this office.

No information is available from this office regarding the financial condition, business activity or practices of this entity.



In testimony whereof I execute this certificate and affix the seal of the Secretary of State of the state of Kansas on this day of June 23, 2015

**KRIS W. KOBACH**  
**SECRETARY OF STATE**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Certificate ID: 686626 - To verify the validity of this certificate please visit <https://www.kansas.gov/bess/flow/validate> and enter the certificate ID number.

**WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE  
STATE OF FLORIDA**

We, the undersigned, do hereby certify that I am the Authorized Person

of BUSINESS DEVELOPMENT PARTNERS, LLC  
(Name of Limited Liability Company)

a limited liability company duly organized and existing under the laws of

KANSAS

(State or Country of Organization)

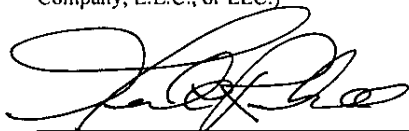
Because the name of this foreign limited liability company does not satisfy the

requirements of the s. 605.0112, F.S., the limited liability company hereby adopts the

following name to transact business in the state of Florida:

BUSINESS DEVELOPMENT PARTNERS FLORIDA, LLC

(Name to be used by limited liability company in Florida. NOTE: Name must contain Limited Liability Company, L.L.C., or LLC.)



Signature Authorized Person

MANAGING MEMBER, 7/10/2015

Date

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TALLAHASSEE, FLORIDA