$25.00

AU000001624

HOLLAND & KNIGHT LLP
Requestor's Name

315 So. Calhoun St. Suite 600
Address

Tallahassee, FL 425-5675
City/State/Zip Phone #

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-10/27/00--01069--011
***1810.00 *****25.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Quadstrike Investments, Ltd (Corporation Name) (Document #)
2. LP - 25.00 (Corporation Name) (Document #)
3. (Corporation Name) (Document #)
4. (Corporation Name) (Document #)

FILED
00 OCT 27 PM 2:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

☐ Walk in ☐ Pick up time _____ ☐ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

AMENDMENTS

☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

OTHER FILINGS

☐ Annual Report
☐ Fictitious Name

REGISTRATION/QUALIFICATION

☐ Foreign
☒ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

RECEIVED
00 OCT 27 AM 10:48
DIVISION OF CORPORATION

Examiner's Initials

CR2E031(7/97)

STATEMENT OF QUALIFICATION FOR
FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP

1. The name of the limited partnership as identified in the records of the Florida Department of State:
Quadstrike Investments, Ltd.

Insert limited partnership's Florida document number: _____

or

Attach certificate of limited partnership, affidavit of capital contributions and applicable limited partnership filing fees.

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TALLAHASSEE, FLORIDA

2. Suffix adopted for the above named partnership: LLLP
(LLLP, L.L.L.P.)

3. The street address of its chief executive office:
(if different from current recorded address): – N/A

4. The street address of principal office in Florida:
(if different from above) – N/A

5. The limited partnership hereby elects to be a limited liability limited partnership.

6. The effective date of this filing shall be:
X as of the date this document is filed with the Florida Secretary of State
or
___ a date later than the time of filing: _____.

7. The name and Florida street address of the partnership's agent for service of process:
Intrastate Registered Agent Corporation
701 Brickell Ave., Suite 3000
Miami, Florida 33131-3209

The execution of this statement as a partner constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

Signed this 27th day of October 2000.

Signature of TWO Partners:
X _____, limited partner
X _____, V.P.,
Quadstrike, Inc., general partner

Typed or printed names of partners signing above: Darryl LeClair

Darryl LeClair, V.P.,
Quadstrike, Inc.

Filing Fee: $25.00
Certified Copy (optional): $52.50
Certificate of Status (optional): $8.75

INHS66(1/00)