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 Tallahassee, Florida 32301  
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**A02000000210**

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February 15, 2002

**CORPORATION NAME (S) AND DOCUMENT NUMBER (S):**

The Genet Family Limited Partnership No. 3, LLLP

**Filing Evidence**

- Plain/Confirmation Copy
- Certified Copy

**Retrieval Request**

- Photocopy
- Certified Copy

**Type of Document**

- Certificate of Status
- Certificate of Good Standing
- Articles Only
- All Charter Documents to Include Articles & Amendments
- Fictitious Name Certificate
- Other

FILED  
 02 FEB 18 AM 10:52  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

900004946799-1-7  
 -02/18/02--01024--008  
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NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non Profit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of RA Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Reports
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation
<input type="checkbox"/>	Reinstatement

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Stmt of qual

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 DEPARTMENT OF STATE  
 DIVISION OF CORPORATIONS  
 TALLAHASSEE, FLORIDA

**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: **GENET FAMILY LIMITED PARTNERSHIP NO. 3, LLLP**. Attached is a certificate of limited partnership, affidavit of capital contributions and applicable limited partnership filing fees.

2. Suffix adopted for the above named partnership: **LLLP**

3. The street address of its chief executive office: **19080 N.E. 29 Avenue,  
Aventura, Florida 33180**

4. The street address of principal office in Florida: **Same.**

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: \_\_\_\_\_.

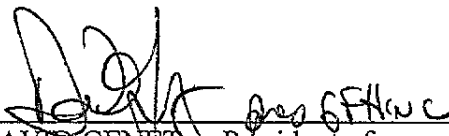
7. The name and Florida street address of the partnership's agent for service of process:

**Barry A. Nelson, Esq., Registered Agent  
c/o Nelson & Levine, P.A.  
2775 Sunny Isles Boulevard, Suite 118  
North Miami Beach, Florida 33160**

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   **7**   day of   **Feb.**  , 2002.

By:

  
\_\_\_\_\_  
DAVID GENET as President of  
GENET FAMILY HOLDINGS, INC., General  
Partner

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

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**02 FEB 18 AM 10:52**  
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