

A020000001427

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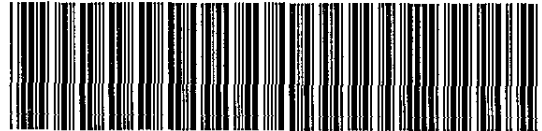
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02 DEC 11 AM 10:10

STATE OF FLORIDA
TALLAHASSEE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Charter Number Only

VALIDATION ONLY

Requestor's Name
Teschler Gutter Chaves
Address
2101 Corporate Blvd # 107
Boca Raton, FL 33431
City State ZIP Phone

CORPORATION(S) NAME

Scherer Realty,
LTD

- | | | |
|--|--|---|
| ☐ Profit | ☐ Amendment | ☐ Merger |
| ☐ NonProfit | ☐ Dissolution | ☐ Mark |
| ☐ Foreign | ☐ Annual Report | ☒ Other Foreign Limited |
| ☐ Limited Partnership | ☐ Reservation | ☐ Change of Registered Agent |
| ☐ Reinstatement | ☐ Photo Copies | ☐ Certificate Under Seal |
| ☐ Certified Copy | ☐ Call When Ready | ☐ Call If Problem |
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| ☒ Walk In | ☐ Will Wait | ☒ Pick Up |

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Empire Toll Free: 1-800-432-3028



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

December 11, 2002

EMPIRE

SUBJECT: SCHERER REALTY, LTD.
Ref. Number: A02000001627

12/17/02

not corrected

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02 DEC 23 AM 10:03
DIVISION OF CORPORATION

We have received your document for SCHERER REALTY, LTD. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must complete the attached form to obtain LLLP status for this Limited Partnership. The form submitted is for a General Partnership.

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) 245-6967.

Michelle Hodges
Document Specialist

Letter Number: 902A00065603

(in) 696.245.6967

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**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:

Scherer Realty, Ltd.

Insert limited partnership's Florida document number: A02000001627

or

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

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

3. The street address of its chief executive office: _____
(if different from current recorded address): _____

4. The street address of principal office in Florida: _____
(if different from above) _____

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:

William R. Scherer, P.A.

633 South Federal Highway

Ft. Lauderdale, Florida 33301

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 19th day of December, 2002

Signature of TWO Partners: _____

Typed or printed names of partners signing above: William R. Scherer, Individually

William R. Scherer, as Partner
of Conrad & Scherer, LLP

Filing Fee: \$25.00

Certified Copy (optional): \$52.50

Certificate of Status (optional): \$8.75

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA