

A020000001697

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1

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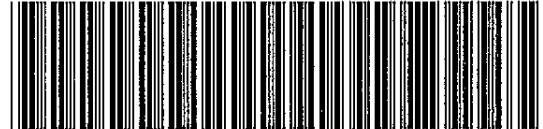
12/23 LLLP

02899

CVS

A02-1697

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12/23/02--01071--015 **33.75

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CORPDIRECT AGENTS, INC. (formerly CCRS)
103 N. MERIDIAN STREET, LOWER LEVEL
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: PAM
DATE: 12-23-02
REF. #: 0170.11605
CORP. NAME: Triple Charm Outfitters
LLLP

- | | | |
|--|---|--|
| ☐ ARTICLES OF INCORPORATION | ☐ ARTICLES OF AMENDMENT | ☐ ARTICLES OF DISSOLUTION |
| ☐ ANNUAL REPORT | ☐ TRADEMARK/SERVICE MARK | ☐ FICTITIOUS NAME |
| ☐ FOREIGN QUALIFICATION | ☐ LIMITED PARTNERSHIP | ☐ LIMITED LIABILITY |
| ☐ REINSTATEMENT | ☐ MERGER | ☐ WITHDRAWAL |
| ☐ CERTIFICATE OF CANCELLATION | ☐ UCC-1 | ☐ UCC-3 |

☒ OTHER: Statement of Qualification
for LLLP

STATE FEES PREPAID WITH CHECK# 503986 FOR \$ 33.75

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

COST LIMIT: \$ _____

PLEASE RETURN:

- ☐ CERTIFIED COPY
☒ CERTIFICATE OF STATUS

☐ CERTIFICATE OF GOOD STANDING

☒ PLAIN STAMPED COPY

Examiner's Initials

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02 DEC 23 AM 11:11
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS
STATE

**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:
Triple Charm Outfitters, Ltd.

Insert limited partnership's Florida document number: A02000001697

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.) to read as: Triple Charm Outfitters, LLLP

3. The street address of its chief executive office: 12983 74th Avenue
(if different from current recorded address): Seminole, Florida 33776

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:
John J. Piazza, Jr.
12983 74th Avenue
Seminole, Florida 33776

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 20th day of December, 2002.

Signature of TWO Partners: _____

Typed or printed names of partners signing above: Triple Charm Management, LLC, by John J. Piazza, Jr.
John J. Piazza, Jr.

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

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