A02000001697

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status 1

Special Instructions to Filing Officer:

12/23 LLLP

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02 DEC 23 PM 3:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

(X) OTHER: Statement of Qualification for LLLP

LP $25.00
CERT 8.75
$33.75

STATE FEES PREPAID WITH CHECK# 503984 **FOR $** 33.75

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ **COST LIMIT: $**_____

PLEASE RETURN:

( ) CERTIFIED COPY ( ) CERTIFICATE OF GOOD STANDING (X) PLAIN STAMPED COPY

(X) CERTIFICATE OF STATUS

Examiner's Initials

RECEIVED
02 DEC 23 AM 11:11
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: 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, L.L.L.P.) 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: _____.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

INHS66(12/99)