

A05000000412

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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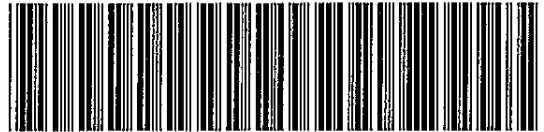
(Business Entity Name)

(Document Number)

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2005 FEB 25 PM 2:34
TALLAHASSEE, FLORIDA
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05 FEB 25 PM 12:00
TALLAHASSEE, FLORIDA

J. BRYAN FEB 25 2005

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

FILING COVER SHEET
ACCT. #FCA-14

File
2nd

CONTACT: MEGAN HODGE

DATE: 2/25/2005

REF. #: 0170.35250

CORP. NAME: LANCE REPUBLIC TITLE, 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 | | |
| ☒ OTHER: <u>LLL QUALIFICATION</u> | | |

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2005 FEB 25 PM 2:34
CORPORATIONS
TALLAHASSEE, FLORIDA

STATE FEES PREPAID WITH CHECK# 511523 FOR \$ 33.75

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- ☐ CERTIFIED COPY ☐ CERTIFICATE OF GOOD STANDING ☒ PLAIN STAMPED COPY
☒ CERTIFICATE OF STATUS

Examiner's Initials

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2005 FEB 25 PM 2:34
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:
Lance Republic Title, Ltd.

Insert limited partnership's Florida document number: _____
or
Attach Certificate of Limited Partnership, Affidavit of Capital Contributions and applicable limited partnership filing fees.

2. The complete name of the entity after filing Statement of Qualification shall be:

Lance Republic Title, LLLP

(Must include LLLP or L.L.L.P.)

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:

Suranie Pruna

1991 Longwood--Lake Mary Road

Longwood, Florida 32750

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 23rd day of February, 2005

Signature of TWO Partners:

Vic Fidelity Title Corporation by Suranie Pruna

Devika Lutchmidat

Typed or printed names of partners signing above:

SURANIE PRUNA
DEVIKA LUTCHMIDAT