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SECRETARY OF STATE
DIVISION OF CORPORATIONS

## TRANSMITTAL LETTER

Pic: Registration Section Division of Corporations		
SUBJECT: Perfect Measurements of Martin aunty, LLL (Name of Limited Partnership)	P	
DOCUMENT NUMBER:		
The enclosed Statement of Qualification for Florida Limited Liability Limited Partnership and fee(s) are submitted filing.	ed for	
Please return all correspondence concerning this matter to the following:		
Mary Jordon (Name of Person)		
Perfect Neasurements of Martin County, LL	<u>P</u> _	<del></del>
50075W Cherrokee 5+	ر 05	SEC
Palm City, Fl 34990	JUL 15	RETARY I
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For further information concerning this matter, please call:	1	SHS E
MONTOMON at 772 263-1068 (Area Code & Daytime Telephone Number)		

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, Florida 32314

STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street

Tallahassee, Florida 32399

## STATEMENT OF QUALIFICATION FOR FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP

1. The game of the limited partnership as identified in the records of the Florida Department of S YEXTECT MEGSURE MUMS OF MUXTYN COUNTY, ULP	state: ≟
Insert limited partnership's Florida document number: <u>AUSCOOO 1357</u> or	
Attach Certificate of Limited Partnership, Affidavit of Capital Contributions and applicable limit partnership filing fees.	ed
2. The complete name of the entity after filing Statement of Qualification shall be:	
Perfect Measure mants of Martin County, LLLP	
3. The street address of its chief executive office: 56075N Chemitee & Grant Control of the form current recorded address):  40 M CdV, P. 344990	
4. The street address of principal office in Florida:  (if different from above)	81A10
5. The limited partnership hereby elects to be a limited liability limited partnership.	- <sup>오</sup>
6. The effective date of this filing shall be:  as of the date this document is filed with the Florida Secretary of State or	CORPURATE
a date later than the time of filing:	بر آ
7. The name and Florida street address of the partnership's agent for service of process:	
, Florida	- -
The execution of this statement as a partner constitutes an affirmation under the penalties of perjuthat the facts stated herein are true.	ıry
Signed this 12th day of July 2005.	
Signature of TWO Pariners: May hay have been signature of TWO Pariners:	
Typed or printed names of partners signing above: Mary Ellen Tordov	

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