A05000002324

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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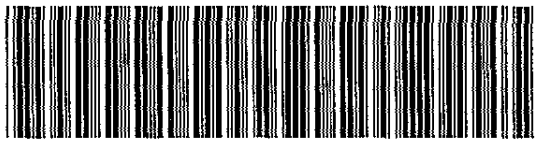

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A05-2324

LAW OFFICES

DAVID M. PRESNICK, P.A.

Reply To:

David M. Presnick

Of Counsel:
Bradly Roger Bettin, Sr., P.A.

Reply to: dpresnick@Bellsouth.com

Mariner Square
96 Willard Street, Suite 202
Cocoa, Florida 32922
Telephone (321) 639-1320
Fax (321) 639-8111

January 20, 2006

Secretary of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

RE: **MERCO HOLDINGS, LTD**

Dear Sir or Madam:

Enclosed for filing is the original and one copy of the Statement of Qualification as a LLLP for the above referenced limited partnership and my check in the amount of $25.00 to cover its filing fee.

If you have any questions concerning the foregoing, please call me at 321-639-1320 x 244.

Sincerely,

David M. Presnick

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Enclosure as stated
cc: Ralph J. McCoig

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: **MERCO HOLDINGS.**

Insert limited partnership's Florida document number: A05000002324
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

"Registered Limited Liability Partnership," "Limited Liability Partnership," "R.L.L.P.,""L.L.P., ""RLLP,"or "LLP")

3. The street address of its chief executive office:
   Street: 3230 Murrell Road, Suite 200
   City/State: Rockledge, Florida 32955

4. The street address of principal office in Florida:
   Street: 3230 Murrell Road, Suite 200
   City/State: Rockledge, Florida 32955

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:
   Ralph J. McCoig, Jr.
   3230 Murrell Road, Suite 200
   Rockledge, Florida 32955

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TALLAHASSEE, FLORIDA

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 29th day of December, 2005.

Signature of TWO Partners: _____

_____

Typed or printed names of partners signing above: Ralph J. McCoig, Jr., Trustee and Edita V. McCoig, Trustee

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