A98000002429

Mr. & Mrs. Dan J. Shields
3294 Spruce Creek Glen
Daytona Beach, FL 32124

City/State/Zip

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____ (Corporation Name) _____ (Document #)
LLP000001351--0
12/06/00--01006--001
*****33.75

2. _____ (Corporation Name) _____ (Document #)

3. _____ (Corporation Name) 700003495117 (Document #)
12/06/00 -- 01006--001
$33.75 -- $33.75

4. _____ (Corporation Name) _____ (Document #)

☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

00 DEC -5 PM 5:00
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NEW FILINGS

☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

AMENDMENTS

☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

OTHER FILINGS

☐ Annual Report
☐ Fictitious Name

REGISTRATION/QUALIFICATION

☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

A98-2429
QR

Examiner's Initials

CR2E031(7/97)

STATEMENT OF QUALIFICATION FOR FLORIDA OR FOREIGN LIMITED LIABILITY PARTNERSHIP

1. The name of the partnership as identified in the records of the Florida Department of State: SHIELDS FAMILY LIMITED PARTNERSHIP.

Insert partnership's Florida registration number: A98000002429
or
Attach completed Partnership Registration Statement and $50 filing fee.

2. Suffix adopted for the above named partnership: SHIELDS FAMILY R.L.L.P.
("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:
(if different from current recorded address):

4. The street address of principal office in Florida:
(if different from above)

5. The name and Florida street address of the partnership's agent for service of process:
DANNIE J. SHIELDS SR.
3294 SPRUCE CREEK GLEN
DAYTONA BEACH, Florida 32124

6. This partnership hereby elects to be a limited liability partnership.

7. 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: _____.

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 NOVEMBER, 2000.

Signature of TWO Partners: Dannie J. Shields Sr.
Charlie Shields

Typed or printed names of partners signing above: DANNIE J. SHIELDS SR.
CHARLIE SHIELDS

FILED
00 DEC -5 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

INHS67(6/99)