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SECRETARY OF STATE
TALLAHASSEE, FL



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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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EFFECTIVE DATE
01-01-06 AL 1

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Barakat & Prempeh, Ltd.
(Name of Limited Partnership)

DOCUMENT NUMBER: _____

The enclosed Statement of Qualification for Florida Limited Liability Limited Partnership and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Brian Barakat
(Name of Person)

Barakat & Prempeh Ltd.
(Firm/Company)

507 Bird Road
(Address)

Coral Gables, FL 33146
(City/State and Zip Code)

EFFECTIVE DATE
1-1-06

For further information concerning this matter, please call:

Brian Barakat at (305) 213-7172
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATEMENT OF QUALIFICATION FOR
FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP

FILED

1. The name of the limited partnership as identified in the records of the Florida Department of State:

Barakat & Prempeh, Ltd.

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Insert limited partnership's Florida document number: _____

or

Attach certificate of limited partnership, affidavit of capital contributions and applicable limited partnership filing fees.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Barakat & Prempeh, 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:

☐ as of the date this document is filed with the Florida Secretary of State

or

☒ a date later than the time of filing: 1/1/06

EFFECTIVE DATE
1-1-06

7. The name and Florida street address of the partnership's agent for service of process:

507 Bird Road

Coral Gables, FL 33146

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 15 day of December, 2005.

Signature of TWO Partners:

[Signature]
[Signature]

Typed or printed names of partners signing above: Brian Barakat, P.A.

Prempeh, P.A.

Filing Fee: \$25.00

Certified Copy (optional): \$52.50

Certificate of Status (optional): \$8.75