

A03000001091

(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:

Office Use Only



700021594357

07/31/03--01020--008 **25.00

RECEIVED
03 JUL 31 AM 10:29
DIVISION OF CORPORATION

FILED
03 JUL 31 AM 11:19
TALLAHASSEE, FLORIDA

BK



UCC FILING & SEARCH SERVICES, INC.
 526 East Park Avenue
 Tallahassee, Florida 32301
 (850) 681-6528

HOLD
 FOR PICKUP BY
 UCC SERVICES
 OFFICE USE ONLY

July 31, 2003

CORPORATION NAME (S) AND DOCUMENT NUMBER (S):

Selem Investments, Ltd.

FILED
 JUL 31 AM 11:19
 TALLAHASSEE, FLORIDA

Filing Evidence

☐ Plain/Confirmation Copy

1 Certified Copy

Type of Document

☐ Certificate of Status

☐ Certificate of Good Standing

☐ Articles Only

☐ All Charter Documents to Include
 Articles & Amendments

☐ Fictitious Name Certificate

☐ Other

Retrieval Request

☐ Photocopy

☐ Certified Copy

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non Profit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of RA Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Reports
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation
<input type="checkbox"/>	Reinstatement

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

X Stmt of qual

**STATEMENT OF QUALIFICATION FOR
FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP**

1. The name of the limited partnership in the records of the Florida Department of State:
- Selem Investments, 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. Suffix adopted for the above named partnership: **LLLP**
3. The street address of its chief executive office: **Same as recorded**
(if different from recorded address)
4. The street address of principal office in Florida: **Same as above.**
(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 of the Florida street address of the partnership's agent for service of process:

**Atrium Registered Agents, Inc.
1500 San Remo Avenue, Suite #125
Coral Gables, Florida 33146**

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 July, 2003.

Signatures of TWO Partners:


Jose S. Selem, General Partner


Sarah Legorburu-Selem, General Partner