

A03000001091

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

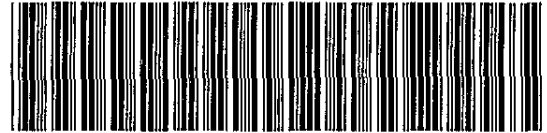
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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RECEIVED  
03 JUL 31 AM 10:29  
DIVISION OF CORPORATION

*BK*

FILED  
03 JUL 31 AM 11:19  
TALLAHASSEE, FLORIDA



UCC FILING & SEARCH SERVICES, INC.  
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July 31, 2003

**CORPORATION NAME (S) AND DOCUMENT NUMBER (S):**  
 Selem Investments, Ltd.

FILED  
 JUL 31 AM 11:19  
 TALLAHASSEE  
 FLORIDA  
 REGISTERED AGENT

**Filing Evidence**

- Plain/Confirmation Copy
- 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:

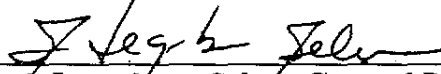
**Atrium Registered Agents, Inc.  
1500 San Remo Avenue, Suite #125  
Coral Gables, Florida 33146**

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**

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SECRETARY OF STATE  
FLORIDA