

AUUUUUUUUUU667

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

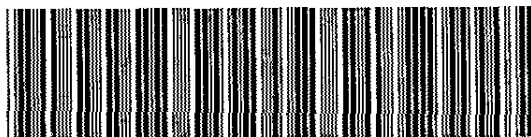
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600030831306

FILED

04 MAR 24 PM 6:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

04 MAR 24 PM 4:16
TALLAHASSEE, FLORIDA
STATE
CORPORATIONS

Handwritten signature/initials



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 0721000000032

REFERENCE : 519340 4332380

AUTHORIZATION :

Patricia Pigeto

COST LIMIT : \$ 33.75

04 MAR 24 PM 6:16
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : March 24, 2004

ORDER TIME : 2:14 PM

ORDER NO. : 519340-015

CUSTOMER NO: 4332380

CUSTOMER: Tereina R. Stidd, Esq.
Michael R. Storace, P.a.

Suite 1607
9100 South Dadeland Blvd.
Miami, FL 33156

DOMESTIC FILING

NAME: PENSION PLAN ASSOCIATES, LLLP

EFFECTIVE DATE:

XX STATEMENT OF QUALIFICATION FOR FLORIDA
LIMITED LIABILITY LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea - EXT. 2914

EXAMINER'S INITIALS: _____

**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:
Pension Plan Associates, Ltd.

Insert limited partnership's Florida document number: A00000000667
or

Attach Certificate of Limited Partnership, Affidavit of Capital Contributions and applicable limited partnership filing fees.

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

Pension Plan Associates, LLLP

(Must include LLLP or L.L.L.P.)

3. The street address of its chief executive office: Same as recorded address.
(if different from current 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 and Florida street address of the partnership's agent for service of process:

Howard S. Susskind, C/O Sugarman & Susskind, P.A.

2801 Ponce De Leon Blvd., Suite 750

Coral Gables, Florida 33134

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 28th day of January, 2004.

Signature of TWO Partners:

PENSION PLAN ASSOCIATES, L.L.P.
Wayne K. Masur, as Manager

Typed or printed names of partners signing above: Wayne K. Masur, as Manager

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

FILED
MAR 24 PM 6:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA