CAPITAL CONNECTION INC. 417 E. Virgin Street Suit A. T. Lahlusee Fl. Ida 230 (850) 224-88 J. 800/42 Del Fai 85 J. 22-12

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| Todd C. Storer, II, Ltd., LLP | • |
| | 3000032240530 -04/26/0001003008 *****37.50 ******25.00 |
| | Art of Inc. File LTD Partnership File Foreign Corp. File |
| | L.C. File Fictitious Name File Trade/Service Mark Merger File Nerger File |
| | Art. of Amend. File STATE STAT |
| | Cert. Copy Photo Copy Certificate of Good Standing |
| 117-25/ | Certificate of Status 8 5 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 |
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| Signature | Vehicle Search Driving Record |
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FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

April 4, 2000

TODD C. STORER, III, LIMITED LIABILITY PARTNERSHIP C/O JANINE LAZZARINI CSC NETWORKS TALLAHASSEE, FL

We have received your document for TODD C. STORER, III, LIMITED LIABILITY LIMITED PARTNERSHIP and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED your \$25.00 filing fee.

We apologize for the confusion about our forms, but you are trying to qualify a GENERAL PARTNERSHIP for LLP status, and you have have used the WRONG FORM. The form you have used can only be used by LIMITED PARTNERSHIPS.

Please use the attached form which is for GENERAL PARTNERSHIPS., and please note that you CANNOT USE the suffix "LIMITED LIABILITY LIMITED PARTNERSHIP". You could use "LIMITED LIABILITY PARTNERSHIP", or one of several other suffixes listed on the form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6914.

Buck Kohr Corporate Specialist Letter Number: 000A00018474

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STORY OF BAND: 20

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: |
|--|
| Insert limited partnership's Florida document number: |
| or <u>Attach</u> certificate of limited partnership, affidavit of capital contributions and applicable limited partnership filing fees. |
| 2. Suffix adopted for the above named partnership: LLLP (LLLP, LLLP.) |
| 3. The street address of its chief executive office: 207 LAURA LANE (if different from current recorded address): GULF BREEZE, FL 32561 |
| 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: 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: |
| 125 W. ROMANA ST., SUITE 800 PENSACOLA , Florida 32501 |
| 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 day ofAPRIL |
| Signature of TWO Partners: Total Latin To Shelds |
| Typed or printed names of partners signing above: TODD C. STORER, III VIVIAN S. SHIELDS |

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