

# A00000000972

Paul Bradshaw

Requestor's Name

1345 Dupont Road

Address

Havana, FL 32333

City/State/Zip

Phone #

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. Paul and Sally Bradshaw Family Partnership, Ltd.  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

MJH

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 JUN 15 AM 10:30

☐ Walk in

☐ Pick up time \_\_\_\_\_

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

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

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

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

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

Susan Garcia GAVE  
AUTHORIZATION BY PHONE TO  
CORRECT Suffix  
DATE 6/15/00  
DOC. EXAM MJH

800003292538--2  
-06/15/00--01098--015  
\*\*\*\*962.50 \*\*\*\*\*25.00

FF \$25.00

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:  
Paul and Sally Bradshaw Family Partnership, 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: LTD., LLLP  
(LLP, L.L.P.)

3. The street address of its chief executive office: 1345 Dupont Road  
(if different from current recorded address): Havana, FL 32333

4. The street address of principal office in Florida: 1345 Dupont Road  
(if different from above) Havana, FL 32333

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: \_\_\_\_\_

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

Paul Bradshaw  
1345 Dupont Road  
Havana, Florida 32333

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DIVISION OF CORPORATIONS  
00 JUN 15 AM 10:30

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<sup>th</sup> day of June, 2000.

Signature of TWO Partners:

[Signature]  
[Signature]

Typed or printed names of partners signing above: Paul Bradshaw, Partner  
Paul Bradshaw, President  
Cooper Spoon, Inc.

Filing Fee: \$25.00

Certified Copy (optional): \$52.50

Certificate of Status (optional): \$8.75