

A00000001130

Requestor's Name  
Michelle Robinson  
First Trust  
3867 S. Nova Rd.  
Port Orange, FL 32127  
City/State/Zip Phone #

Office Use Only

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

200003399752--7  
-06/16/00--01081--003  
\*\*\*1775.00

1. \_\_\_\_\_  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time \_\_\_\_\_ ☐ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

AMENDMENTS	
	Amendment
	Resignation of R.A., Officer/ Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

OTHER FILINGS	
	Annual Report
	Fictitious Name
	Name Reservation

REGISTRATION/ QUALIFICATION	
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 JUL 27 PM 3:34

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: C.V. McNamara Products, LTD.  
Insert limited partnership's Florida document number: \_\_\_\_\_  
 OR  
Attach certificate of limited partnership, affidavit of capital contributions and applicable limited partnership filing fee.
2. Suffix adopted for the above named partnership: LLP  
 ("Registered Limited Liability Partnership"; "Limited Liability Partnership"; "R.L.L.P."; "L.L.P."; "RLLP"; or "LLP")
3. The street address of its chief executive office: 930 Sandlewood Drive  
 (if different from current recorded address): Port Orange, Florida 32127
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. 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:  
Charles C. McNamara, 930 Sandlewood Drive, Port Orange, Florida 32127

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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 7 DAY OF JUNE, 2000

Signature of TWO Partners:

Charles C. McNamara  
Charles C. McNamara

Typed or printed names of partners signing above: Charles C. McNamara, Trustee of (i) the Charles C. McNamara Revocable Trust of 1995 u/a/d April 5, 1995, as amended, and (ii) Virginia I. McNamara Revocable Trust of 1995 u/a/d April 5, 1995, as amended.

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