

A000000001354

Keith H. Wadsworth
Peterson + Myers, P.A.

PO Box 1072

Address

Lake Wales, FL 33859-1072

City/State/Zip

Phone #

Office Use Only

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

1. _____
(Corporation Name) (Document #)

300003374623-8

08/28/00 01082-015

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2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☐ Walk in

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☐ Photocopy

☐ Certificate of Service

NEW FILINGS

☐ Profit

☐ Not for Profit

☐ Limited Liability

☒ Domestication

☐ Other

Name

Availability

Document

Examiner

DCC

Updater

DCC

Updater

Verifier

DCC

Acknowledgement

DCC

W. P. Verifier

DCC

OTHER FILINGS

☐ Annual Report

☐ Fictitious Name

AMENDMENTS

☐ Amendment

☐ Resignation of R.A., Officer/Director

☐ Change of Registered Agent

☐ Dissolution/Withdrawal

☐ Merger

REGISTRATION/QUALIFICATION

☐ Foreign

☐ Limited Partnership

☐ Reinstatement

☐ Trademark

☐ Other

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 AUG 28 PM 1:00

FILED

Examiner's Initials

**STATEMENT OF QUALIFICATION OF FLORIDA
LIMITED LIABILITY LIMITED PARTNERSHIP**

Pursuant to Section 620.187, Florida Statutes, the below named limited partnership submits the following Statement of Qualification:

1. The name of the partnership submitting this statement to register as a Limited Liability Limited Partnership is: **SEAY FAMILY LIMITED PARTNERSHIP**, a Florida limited partnership. (A00000001354)

2. The address of the principal office of the partnership is:

247 East Stuart Ave.
Lake Wales, FL 33853

3. The name and Florida street address of the Registered Agent and registered office for service of process on the partnership is:

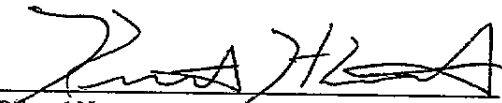
James P. Seay
247 East Stuart Ave.
Lake Wales, FL 33853

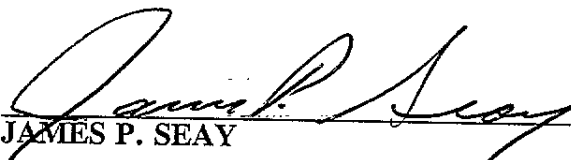
4. This partnership hereby elects to be a Florida limited liability limited partnership, and thereafter be known as: **SEAY FAMILY LIMITED PARTNERSHIP, LLLP**, a Florida limited liability limited partnership.

5. The effective date of the Florida limited liability limited partnership will be the date this registration is filed with the Florida Secretary of State.

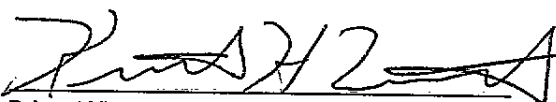
6. All general partners of the partnership have voted and approved the matters set forth herein.

FURTHER, AFFIANTS DO NOT SAY.

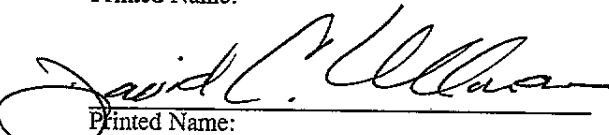

Printed Name:


JAMES P. SEAY


Printed Name:


Printed Name:


JULIE S. SEAY

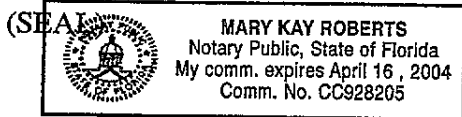

Printed Name:

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00 AUG 28 PM 1:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF FLORIDA

COUNTY OF POLK

I HEREBY CERTIFY that on the 17th day of August, 2000, before me, the undersigned Notary Public, authorized in the State and County named above to administer oaths, personally appeared **JAMES P. SEAY and JULIE S. SEAY, his wife**, as general partners of the SEAY FAMILY LIMITED PARTNERSHIP, who, after being by me first duly sworn, says upon oath the above statements. Sworn to and subscribed before me on this day by, **JAMES P. SEAY and JULIE S. SEAY, his wife**, as general partners of the SEAY FAMILY LIMITED PARTNERSHIP, on behalf of the partnership. They are personally known to me or have produced a drivers license as identification.



Mary Kay Roberts
Printed Name:
Notary Public
My Commission Expires: 04/16/2004