

A 00000001369

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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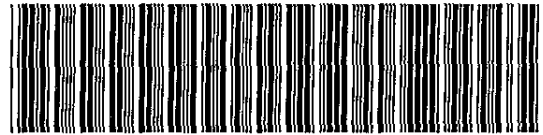
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03 JAN 28 PM 1:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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03 JAN 28 AM 10:06

DEPT. OF STATE
CORPORATIONS
TALLAHASSEE, FLORIDA

PK



UCC FILING & SEARCH SERVICES, INC.
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(850) 681-6528

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January 28, 2003

CORPORATION NAME (S) AND DOCUMENT NUMBER (S):

Seipp Associates, Ltd.

Filing Evidence

- ☒ Plain/Confirmation Copy
- ☐ Certified Copy

Retrieval Request

- ☐ Photocopy
- ☐ Certified Copy

Type of Document

- ☐ Certificate of Status
- ☐ Certificate of Good Standing
- ☐ Articles Only
- ☐ All Charter Documents to Include Articles & Amendments
- ☐ Fictitious Name Certificate
- ☐ Other

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

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

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

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

X Statement of Qual

FILED
JAN 28 PM 1:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1. The name of the limited partnership in the records of the Florida Department of
State:
Seipp Associates, Ltd.

Insert limited partnership's Florida document number: **A00000001369**

Or

Attach certificate of limited partnership, affidavit of capital contributions and applicable
limited partnership filing fees.

2. Suffix adopted for the above named partnership: **LLLP**

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

**Atrium Registered Agents, Inc.
1500 San Remo Avenue, Suite #125
Coral Gables, Florida 33146**

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 24TH day of January, 2003.

Signatures of TWO Partners:

John C. Seipp, as General Partner
John C. Seipp

**Revocable Inter Vivos Trust of John C. Seipp, as
Limited Partner**

By:

John C. Seipp
John C. Seipp, as Trustee

Typed or printed names of partners

**John C. Seipp, General Partner
Revocable Inter Vivos Trust of John C.
Seipp, Limited Partner**