

A 00000000 1904

Southwest Title Svc, LLP
Requestor's Name

2047 Osprey LN Ste A-1
Address

Lutz, FL 33549
City/State/Zip Phone #

Office Use Only

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

1. _____ (Corporation Name) _____ (Document #) ~~788883474127-4~~
-11/22/00--01036--019
*****25.00 *****25.00
2. _____ (Corporation Name) _____ (Document #)
3. _____ (Corporation Name) _____ (Document #)
4. _____ (Corporation Name) _____ (Document #) ~~300003497523--2~~
-11/22/00--01036--019
*****25.00

- ☐ 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

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FILED
00 DEC 13 PM 11:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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12/13

**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:
Southwest Title Services, LLP

Insert limited partnership's Florida document number: A-1904
or

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

2. Suffix adopted for the above named partnership: LLP
(LLP, LLLP, L.L.L.P.)

3. The street address of its chief executive office: 2047 Osprey Lane Suite A-1
(if different from current recorded address): Lutz, Florida 33549

4. The street address of principal office in Florida: 2047 Osprey Lane Suite A-1
(if different from above) Lutz, Florida 33549

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
Grant Whitworth
6702 N. Himes Avenue
Tampa, Florida 33614

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 18th day of October, 2000.

Signature of TWO Partners: American Home Title Transeastern
of Land O' Lakes, Inc. Properties, Inc.
by: [Signature] by: [Signature]
Sherri L. Sins Arthur Falcone
President President

Typed or printed names of partners signing above: _____

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