A00000002026

Stuart Redd Esq
Requester's Name

2639 CentrePointe Blvd
Address

Tall. FL. 32308 222-4000
City/State/Zip Phone #

Office Use Only

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

1. Redd Family Partnership, LLLP
(Corporation Name) (Document #)

2. A-2026
(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

FILED
2000 DEC 27 PM 1:57
SECRETARY OF STATE
TALLAHASSEE FLORIDA

NEW FILINGS

☐ Profit
☐ Not for Profit
☑ Limited Liability
☐ Domestication
☐ Other

AMENDMENTS

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

100003514252--8
-12/27/00--01038--016
***1818.75 *****25.00

OTHER FILINGS

☐ Annual Report
☐ Fictitious Name

REGISTRATION/QUALIFICATION

☐ Foreign
☑ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

12/27

FILED
00 DEC 27 PM 12:11
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Examiner's Initials

CR2E031(7/97)

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: Redd Family Partnership, LLLP.

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: LLLP

3. The street address of principal office in Florida:
(if different from current recorded address): 2727 Apalachee Parkway
Tallahassee, Florida 32301

4. The street address of principal office in Florida: 2727 Apalachee Parkway
Tallahassee, Florida 32301

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:
Harry L. Redd
2727 Apalachee Parkway
Tallahassee, Florida 32301

The execution of this statement as a partner constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

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00 DEC 27 PM 12:11
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Signed this 27th day of December, 2000

Signature of TWO Partners: H. O. Redd
Phyllis G. Redd

Typed or printed names of partners signing above: H O Redd
Phyllis G. Redd

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