

A10100000000050

Requester's Name _____
Address _____
City/State/Zip _____ Phone # _____

Office Use Only

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

- 1. Venamerica Florida Limited
(Corporation Name) (Document #)
- 2. Partnership LLC
(Corporation Name) (Document #)
- 3. _____
(Corporation Name) (Document #)
- 4. _____
(Corporation Name) (Document #)

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-01/31/01--01027--009
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- ☒ Walk in ☐ Pick up time _____ ☒ Certified Copy
- ☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

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

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☒ Foreign
- ☒ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

01 JAN 31 AM 12:26
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
RECEIVED
01 JAN 31 AM 10:22
DEPARTMENT OF REVENUE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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:
VENAMERICA FLORIDA LIMITED PARTNERSHIP

Insert limited partnership's Florida document number: A01000000050

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
(LLP, L.L.P.)

3. The street address of its chief executive office: 8725 NW 18th Terrace, Suite 206
(if different from current recorded address): Miami, Florida 33172

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. 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:

VENAMERICA MANAGEMENT, INC.

c/o Alliance Commercial, 8725 NW 18th Terrace, Suite 206

Miami, Florida 33172

FILED
01 JAN 31 AM 12:26
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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 23RD day of January, 2001.

Signature of TWO Partners: _____

Typed or printed names of partners signing above: _____

Robert Cambo
Robert Cambo
Venamerica Management, Inc., General Partner

Robert Cambo, Director

PC Holdings, LLC, Limited Partner

Robert Cambo, Managing Member

Filing Fee: \$25.00

Certified Copy (optional): \$52.50

Certificate of Status (optional): \$8.75