

CCRS
103 N. MERIDIAN STREET, TALLAHASSEE, FL 32301
222-1173

A010000000467

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: CINDY HICKS

DATE: 4-5-01

100003960491--2
-04/05/01--01017--011
*****25.00 *****25.00

REF. #: 0174.15248

CORP. NAME: ACADEMY PARK ASSOCIATES, LLC

FILED
01 APR -5 AM 11:30
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS

- | | | |
|--|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | <input type="checkbox"/> UCC-1 | <input type="checkbox"/> UCC-3 |

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-04/05/01--01017--011
*****25.00

☒ OTHER: STATEMENT OF QUALIFICATION
LLLP

RECEIVED
01 APR -5 AM 10:
DIVISION OF CORPORATIONS

STATE FEES PREPAID WITH CHECK# 10573 FOR \$ 52.50

15364

25.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

100003960491--2
-04/05/01--01017--012
*****52.50 *****52.50

COST LIMIT: \$

PLEASE RETURN:

- ☒ CERTIFIED COPY ☐ CERTIFICATE OF GOOD STANDING ☐ PLAIN STAMPED COPY
☐ CERTIFICATE OF STATUS

Examiner's Initials

5/2
4/5

11510-1

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:
Academy Park Associates, Ltd.

However, the name the limited partnership shall use: Academy Park Associates, L.L.L.P.
Insert limited partnership's Florida document number: A01000000467

or

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

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

3. The street address of its chief executive office;
(if different from current recorded address):

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:

Charles Knowles
4034 Roberts Point Road
Sarasota, Florida 34242

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 28 day of FEB, 2001.

Signature of TWO Partners:

Charles Knowles AS PRESIDENT OF VENTURENET, INC
David S. Band

Typed or printed names of partners signing above: David S. Band
CHARLES KNOWLES, PRES

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

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01 APR -5 AM 11:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA