315 So. Galhour St. Búil. 2000

Address

Tallahassee, FL City/State/Zip 425-5675

Phone #

Office Use Only

Office Use Only		
CORPORATION NAME(S) & DOCUM	MENT NUMBER(S), (if known):
1. Sgoud Propertu	à LLLP	ACCOUNT TO
(Corporation Name)	(Document#)	SSEE BY
(Corporation Name)	(Document#)	TO RIDER TO STATE OF THE PARTY
3. (Corporation Name)	(Document #)	
4. (Corporation Name)	(Document #)	,
☐ Walk in ☐ Pick up time _		Certified Copy
Mail out Will wait	Photocopy	Certificate of Status
NEW FILINGS	AMENDMENTS	2000040081620" -04/13/0101039004 *****25.00 ******25.00
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of Change of Regi Dissolution/Wit Merger	R.A., Officer/Director Stered Agent VS 01 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
OTHER FILINGS	REGISTRATION/	OUALIFICATION S S S S S S S
Annual Report Fictitious Name	Foreign Limited Partner Reinstatement Trademark Other	cship 00 00 00 00 00 00 00 00 00 00 00 00 00

304/1

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: Saoud Properties LLLP
Insert limited partnership's Florida document number: A 0 (1)000513 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 (LLLP, L.L.L.P.)
3. The street address of its chief executive office: 8843-1 San Jose Boulevard (if different from current recorded address): Jacksonville. FL 32217
4. The street address of principal office in Florida: 8843-1 San Jose Boulevard (if different from above) Jacksonville. FL 32217
5. The limited partnership hereby elects to be a limited liability limited partnership.
6. The effective date of this filing shall be: 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:
701 Brickell Avenue, Suite 3000 Miami , Florida 33131
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 30 day of March Signature of TWO Partners:
Typed or printed names of partners signing above: Edmond R. Saoud Hikmat H. Saoud

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