

Michael Weiner  
Requestor's Name  
**A010000001065**

PO BOX 47706  
Address

Tampa, FL 33647  
City/State/Zip

Phone #

Office Use Only

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

1. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
2. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #) **988004184189-7**  
07/16/01-01122-011  
\*\*\*\*138.75 25.00
3. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
4. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)

- ☐ Walk in ☐ Pick up time \_\_\_\_\_ ☐ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

FILED  
01 AUG -6 PM 5:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

A01-1065  
OK  
FF \$25.00

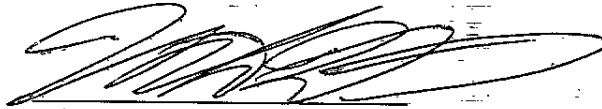
Examiner's Initials	
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**STATEMENT OF QUALIFICATION FOR  
FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP**

1. The name of the limited partnership including the adopted suffix as will be identified in the records of the Florida Department Of State is: ATHENA FUNDING GROUP, LLLP. The Certificate of Limited Partnership, Affidavit of Capitol Contributions for a Limited Liability Limited Partnership, and the applicable filing fees are attached.
2. The address of the partnership is: Post Office Box 47706, Tampa, Florida 33647.
3. The name and address of the partnership's agent for service of process is: Michael J. Weinard, 18904 Beachdrop Place, Tampa, Florida 33647.
4. The effective date of this filing shall be June 28, 2001.

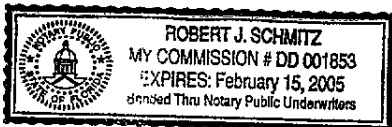
The limited partnership, Athena Funding Group, LLLP, hereby elects to be a limited liability partnership pursuant to the laws of the State of Florida.

Executed this 28<sup>th</sup> day of June, 2001 as affirmation under penalties of perjury that the facts stated herein are true.



Michael J. Weinard, President Athena  
Funding Group, Inc. General Partner of  
Athena Funding Group, LLLP

The foregoing instrument was acknowledged before me this 28<sup>th</sup> day of June, 2001, by Michael J. Weinard as President of ATHENA FUNDING GROUP, INC., Florida Corporation, on behalf of the corporation, as General Partner of ATHENA FUNDING GROUP, LLLP, a Florida limited liability limited partnership. He is personally known to me.



Notary Public, State of Florida



Robert J. Schmitz

FILED  
01 AUG -6 PM 5: 00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA