

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

FILE 2ND

FILING COVER
ACCT. #FCA-1

A01000001165

33.75

FILED
01 AUG 30 PM 3:08
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

CONTACT: CINDY HICKS

DATE: 8-30-01

REF. #: 06721655

CORP. NAME: JEM INVESTMENTS LTD II, LLP

- | | | |
|--|---|--|
| ☐ ARTICLES OF INCORPORATION | ☐ ARTICLES OF AMENDMENT | ☐ ARTICLES OF DISSOLUTION |
| ☐ ANNUAL REPORT | ☐ TRADEMARK/SERVICE MARK | ☐ FICTITIOUS NAME |
| ☐ FOREIGN QUALIFICATION | ☐ LIMITED PARTNERSHIP | ☐ LIMITED LIABILITY |
| ☐ REINSTATEMENT | ☐ MERGER | ☐ WITHDRAWAL |
| ☐ CERTIFICATE OF CANCELLATION | ☐ UCC-1 | ☐ UCC-3 |

☒ OTHER: STATEMENT OF QUALIFICATION

BK

STATE FEES PREPAID WITH CHECK# 3250 FOR \$ 1818.75

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

8000004564638--9
-08/30/01--01067--024
1818.75 **33.75

LP- 25.00
CERT 8.75

COST LIMIT: \$

PLEASE RETURN:

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

Examiner's Initials

RECEIVED
DIVISION OF CORPORATIONS
DEPARTMENT OF STATE
2001 AUG 30 AM 11:08

**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:
JEM INVESTMENTS LTD. II

Insert limited partnership's Florida document number: 901060001165
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
("Registered Limited Liability Partnership," "Limited Liability Partnership," "R.L.L.P.," "L.L.P.," "RLLP," "LLP")

2.5 Name of Partnership after filing this statement: JEM INVESTMENTS LTD. II LLLP

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

4. The street address of principal office in Florida: N/A
(if different from above)

5. The limited partnership hereby elects to be a limited liability partnership.

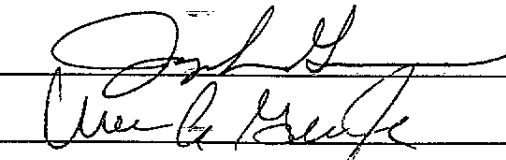
6. The effective date of this filing shall be:
X as of the date this document is filed with the Florida Secretary of State
or
_____ a date later than the time of filing: _____

7. The name and Florida street address of the partnership's agent for service of process:
JOSEPHINE GRECO
600 Madison Street
Tampa, Florida 33602

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 27 day of ^{August}~~January~~, 2001.

Signature of TWO Partners:



Typed or printed names of partners signing above: Josephine Greco
Josephine Greco
Mac A. Greco

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