

CORP DIRECT AGENTS, INC. (form 1) CCP
103 N. MERIDIAN STREET, LOWER LEVEL
TALLAHASSEE, FL 32301
222-1173

AO1000001347 ^{File 2nd}

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: CINDY HICKS

DATE: 12-7-01

REF. #: 0809.3681

CORP. NAME: Carol R. Owen Family Ltd. Partnership

- | | | |
|--|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input checked="" 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 |

☒ OTHER: Statement of Qualification

STATE FEES PREPAID WITH CHECK# _____ FOR \$ 113.25

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

BK

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- ☒ ^{Need 2} CERTIFIED COPY ☒ CERTIFICATE OF GOOD STANDING ☐ PLAIN STAMPED COPY
☐ CERTIFICATE OF STATUS

Examiner's Initials

LP - 25.00
CERT 61.25

FILED
DEC - 7 PM 12:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
01 DEC - 7 AM 10:21
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATE REGISTRATION

800004714198--3
-12/07/01--01015--022
*****86.25 *****86.25

**STATEMENT OF QUALIFICATION FOR
FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP**

01 DEC -7 PM 12:48
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of the limited partnership as identified in the records of the Florida Department of State: CAROL R. OWEN FAMILY LTD. PARTNERSHIP

Insert limited partnership's Florida document number: A01000001347

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: 519 Palm Drive
(if different from current recorded address): Hallandale, FL 33009

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:
DADE COUNTY CORPORATE AGENTS, INC.
20801 Biscayne Boulevard, Suite 505
Aventura, Florida 33180

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 4 day of DEC, 2001

Signature of TWO Partners:

Carol R. Owen
David Luther Owen

Typed or printed names of partners signing above: Carol R. Owen
David Luther Owen

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