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Acquire IV, LLLP
P.O. Box 5649
Destin, FL 32540

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-10/09/01--01039--004
****130.00 ****25.06

10/24

Office Use Only

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

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

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

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

01 OCT 24 PM 3:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Examiner's Initials

**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:
Acquire IV, LLLP

Insert limited partnership's Florida document number: _____
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, LLLLP.)

3. The street address of its chief executive office: 155 Crystal Beach Drive, Suite 200
(if different from current recorded address): Destin, FL 32541

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:
XX 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:
Jacque Castle
155 Crystal Beach Drive, Suite 200
Destin, Florida _____

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 27th day of July, 2001.

Signature of TWO Partners:

X Jacque Castle
X Chris Cadenhead

Typed or printed names of partners signing above: Jacque Castle
Chris Cadenhead

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

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TALLAHASSEE, FLORIDA