

AD10000001436

Dolphin Land Title, Inc.  
Requestor's Name

155 Crystal Beach Dr. Ste 100  
Address

Destin FL 32541  
City/State/Zip Phone #

10/24 Office Use Only MJH

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 Status

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

FILED  
01 OCT 24 PM 4:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

700004656587--8  
-10/24/01--01004--027  
\*\*\*\*\*35.00 \*\*\*\*\*25.00

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:  
Dolphin II, LLLP

Insert limited partnership's Florida document number: A01-1434  
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, LLLP.)

3. The street address of its chief executive office: 155 Crystal Beach Drive, Suite 100  
(if different from current recorded address): Destin, FL 32541

4. The street address of principal office in Florida: Same  
(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:  
155 Crystal Beach Drive, Suite 100, Destin, FL 32541  
\_\_\_\_\_, Florida

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TALLAHASSEE, 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 3rd day of October, 2001.

Signature of TWO Partners: \_\_\_\_\_

Typed or printed names of partners signing above: Alan F. Larson  
Kerry Veach

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