To: Getche II av II cu en us de Capación (Control de Capación)

From: Raymond L Trallo

Date: November 20, 2001

Re. Certificate for LLP

Dear Gretchen, I am returning the documents that you sent to me last week. I am also sending the Certificate of Limited Partnership that I filled out previous. A form you said was ok to use along with the other two forms. If you have any other questions please call me at 352-266-1574 and I would be glad to answer. Thank you for your assistance.

Sincerely,

70000 4729207 10/30/01 -- 60002--011 \$120.00 ** \$25.00

DI DEC 18 AMID: 02

401-163/18 A01-242/18

FILED



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

December 4, 2001

RAYMOND L TRALLO 501 FLAMINGO DRIVE APOLLO BEACH, FL 33572

SUBJECT: RAYMOND & VICKI TRALLO FAMILY LIMITED PARTNERSHIP

Ref. Number: W01000024718

This will acknowledge receipt of your correspondence which is being returned for the following reason(s):

The document must include the street address of the partnership's chief executive office and the street address of its principal office in Florida, if applicable.

The document must include the name and Florida street address of thepartnership's/limited partnership's agent for service of process.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6917.

Gretchen Harvey Document Specialist Supervisor

Letter Number: 401A00064087

STATEMENT OF QUALIFICATION FOR FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP

1	1. The name of the limited partnership as identified in the records of the Florida Department of State: The faymond and vick: Trallo Family Limited fartnership.	
	Insert limited partnership's Florida document number:	
/ <u>!</u>	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.	•
3	3. The street address of its chief executive office: 501 Flamingo Drive (if different from current recorded address): Afollo Beach FL 33572	, -
4	4. The street address of principal office in Florida: Same as above (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:	Ţ
	7. The name and Florida street address of the partnership's agent for service of process: Ray Mand L. Toello 50 (Flamingo Drive Afollo Beach, Florida 3 3 5 7 2	
	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 <u>25</u> day of <u>0006er</u> , <u>2001</u> .	,
	Signature of TWO Partners: Laumond Thello	.:
	Typed or printed names of partners signing above: Ray mond L Teallo	

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