

**A020000000099**

Acquire V.H. Corp  
Requester's Name  
P.O. BOX 5649  
Address  
Destin FL 32541  
City/State/Zip Phone #

1/18  
Office Use Only

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

- 1. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #) 600004784246--7  
-01/18/02--01040--011  
\*\*\*\*130.00
- 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**

- ☐ 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

FILED  
02 JAN 18 PM 1:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 VII, 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: Acquire VII, LLLP  
(LLLP, L.L.L.P.)

3. The street address of its chief executive office: 155 Crystal Beach Drive, Suite 131, Destin, FL  
(if different from current recorded address): \_\_\_\_\_ 32541

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:  
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:  
Harroll Castle  
Same as above  
\_\_\_\_\_, Florida \_\_\_\_\_

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SECRETARY OF STATE  
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 15th day of January, 2002

Signature of TWO Partners:

X Harroll Castle  
X The Bank of Bonifay  
by: President

Typed or printed names of partners signing above: Harroll Castle, President, Acquire Land Title, Inc  
Brian James, President, Bank of Bonifay

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