

CORPDIRECT AGENTS, INC. (fictitious CR)
103 N. MERIDIAN STREET, LOWER FLOOR
TALLAHASSEE, FL 32301
222-1173

A02000000349

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: CINDY HICKS

DATE: 3-14-02

REF. #: 0174 5465

CORP. NAME: The Van Blerkom Family
Partnership L.L.L.P.

FILED
02 MAR 14 PM 12:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA 02 MAR 14 AM 12:46
DIVISION OF CORPORATE REGISTRATION

- | | | |
|--|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input 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: LLLP Statement of Qualification

STATE FEES PREPAID WITH CHECK# 1528 FOR \$ 77.50

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

LP-25
CERT 52.50

100005108331--8
-03/14/02--01050--018
*****77.50 *****77.50

COST LIMIT: \$

PLEASE RETURN:

BK

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

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:
The Van Blerkom Family Partnership, Ltd.

However, the name the limited partnership shall use is: The Van Blerkom Family
Insert limited partnership's Florida document number: Partnership, L.L.L.P.

or

Attach certificate of limited partnership, affidavit of capital contributions and applicable limited
partnership filing fees.

2. Suffix adopted for the above named partnership: L.L.L.P.
(LLLP, L.L.L.P.)

3. The street address of its chief executive office: _____
(if different from current recorded address): _____

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:
Richard Van Blerkom
165 Sugar Mill Dr.
Osprey, Florida 34229

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 12th day of March, 2002.

Signature of TWO Partners: Richard Van Blerkom
Elaine Van Blerkom

Typed or printed names of partners signing above: Richard Van Blerkom
Elaine Van Blerkom

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