

A020000000352

Jacob C. Dykxhoorn  
Requester's Name

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ATTORNEYS AND COUNSELORS AT LAW  
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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 #)

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|------------------------------------|---|---|
| <input type="checkbox"/> Walk in   | <input type="checkbox"/> Pick up time _____ | <input type="checkbox"/> Certified Copy       |
| <input type="checkbox"/> Mail out  | <input type="checkbox"/> Will wait          | <input type="checkbox"/> Certificate of State |
| <input type="checkbox"/> Photocopy |   |   |

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02 MAR -7 AM 11:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

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:  
Weikert Property Partnership 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, L.L.L.P.)

3. The street address of its chief executive office: 3471 Harbor Beach Drive  
(if different from current recorded address): Lake Wales, FL 33853

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.

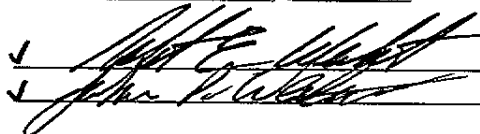
6. The effective date of this filing shall be:  
x as of the date this document is filed with the Florida Secretary of State  
or  
\_\_\_ a date later than the time of filing: \_\_\_\_\_

7. The name and Florida street address of the partnership's agent for service of process:  
Robert E. Weikert  
21399 U.S. Hwy. 27  
Lake Wales, Florida 33859

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 28th day of February, 2002

Signature of TWO Partners:



Typed or printed names of partners signing above: Robert E. Weikert  
John Phillip Weikert

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

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