

CCRS
103 N. MERIDIAN STREET, LOWER LEVEL
TALLAHASSEE, FL 32301
222-1173

A02000000546
File 11a

FILING COVER SHEET
ACCT. #FCA-14

FILED STATE
SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA
02 APR 10

CONTACT: CINDY HICKS

DATE: 4-10-02

REF. #: 0164.6024

CORP. NAME: Mission Park LLP

- | | | |
|--|---|--|
| <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: Statement of Qualification

STATE FEES PREPAID WITH CHECK# 502056 FOR \$ 77.50

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED: 100005253271--9
-04/11/02--01029--001
*****77.50 *****77.50

COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|--|---|---|
| <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:
MISSION PARK, 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

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:
☒ 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:
Igor Teplitsky
1155 South Semoran Boulevard, Suite 118
Winter Park, FL 32792

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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 10 day of April, 2002.

Signature of TWO Partners:



Typed or printed names of partners signing above: Igor Teplitsky
Lillian Teplitsky

Filing Fee: \$25.00
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75
INHS66(1/00)