

A020000001148

400 Filing & Search Services, Inc.

Requestor's Name

526 East Park Avenue

Address

Tallahassee, FL 32301

City/State/Zip

Phone #

Office Use Only

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

1. _____
(Corporation Name) (Document #)
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

FILED

02 AUG 26 PM 2:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NEW FILINGS	
☐	Profit
☐	NonProfit
☐	Limited Liability
☐	Domestication
☐	Other

AMENDMENTS	
☐	Amendment
☐	Resignation of R.A., Officer/ Director
☐	Change of Registered Agent
☐	Dissolution/Withdrawal
☐	Merger

600007351206--7
-08/27/02--01002--001
*****77.50

OTHER FILINGS	
☐	Annual Report DCC
☐	Fictitious Name DCC
☐	Name Reservation
☐	Verifier DCC
☐	Acknowledgement DCC
☐	W. P. Verifier DCC

REGISTRATION/ QUALIFICATION	
☐	Foreign
☐	Limited Partnership
☐	Reinstatement
☐	Trademark
☐	Other

3. TAX
FILING 25.00
R.A. FEE 52.50
N. PARK
DATE DUE
REFUND

Examiner's Initials

A020000001148



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

August 23, 2002

UCC FILING & SEARCH SERVICES, INC.
526 EAST PARK AVENUE
TALLAHASSEE, FL 32301

SUBJECT: THOMAS E. OAKLEY FAMILY LIMITED PARTNERSHIP, LLLP
Ref. Number: W02000024610

We have received your document for THOMAS E. OAKLEY FAMILY LIMITED PARTNERSHIP, LLLP, however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00.

The Statement of Qualification is a separate filing form the Certificate of Limited Partnership. We will need the filing fee of \$25.00 to file the Statement of Qualification and if you want a certified copy of the filing that will require an additional \$52.50.

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) 245-6913.

Diane Cushing
Corporate Specialist

Letter Number: 502A00049666

**STATEMENT OF QUALIFICATION OF FLORIDA
LIMITED LIABILITY LIMITED PARTNERSHIP**

Pursuant to Section 620.187, Florida Statutes, the below named limited partnership submits the following Statement of Qualification:

1. The name of the partnership submitting this statement to register as a Limited Liability Limited Partnership is: **THOMAS E. OAKLEY FAMILY LIMITED PARTNERSHIP**, a Florida limited partnership.

2. The address of the principal office of the partnership is:

101 Alturas Babson Park Cutoff Road
Lake Wales, FL 33853

3. The name and Florida street address of the Registered Agent and registered office for service of process on the partnership is:

Thomas E. Oakley
101 Babson Park Cutoff Road
Lake Wales, FL 33853

4. This partnership hereby elects to be a Florida limited liability limited partnership, and thereafter be known as: **THOMAS E. OAKLEY FAMILY LIMITED PARTNERSHIP, LLLP**, a Florida limited liability limited partnership.

5. The effective date of the Florida limited liability limited partnership will be the date this registration is filed with the Florida Secretary of State.

6. All general partners of the partnership have voted and approved the matters set forth herein.

REMAINDER OF PAGE LEFT BLANK

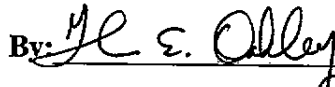
FILED
0 AUG 26 PM 2:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FURTHER, AFFIANTS DO NOT SAY.

GENERAL PARTNER:

Thomas E. Oakley, Inc.


Printed Name: C. B. MYERS

By: 

Thomas E. Oakley, President

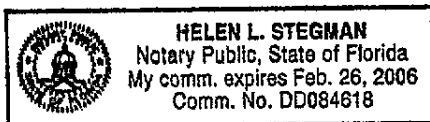

Printed Name: HELEN L. STEGMAN

STATE OF FLORIDA
COUNTY OF POLK

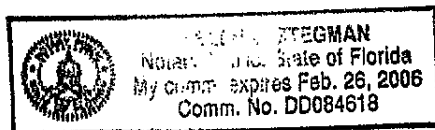
02 AUG 26 PM 2:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

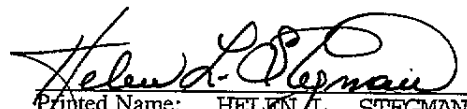
FILED

I HEREBY CERTIFY that on the 25th day of July, 2002, before me, the undersigned Notary Public, authorized in the State and County named above to administer oaths, personally appeared **Thomas E. Oakley**, as **President of Thomas E. Oakley, Inc.**, as general partner of the **THOMAS E. OAKLEY FAMILY LIMITED PARTNERSHIP**, who, after being by me first duly sworn, says upon oath the above statements. Sworn to and subscribed before me on this day by **Thomas E. Oakley**, as **President of Thomas E. Oakley, Inc.**, as general partner of the **THOMAS E. OAKLEY FAMILY LIMITED PARTNERSHIP**, on behalf of the partnership. He or she is personally known to me or has produced a driver's license as identification.



(SEAL)




Printed Name: HELEN L. STEGMAN
Notary Public
My Commission Expires: 2/26/2006