

A0200000013002nd

CORPDIRECT AGENTS, INC. (formerly CCRS)
103 N. MERIDIAN STREET, LOWER LEVEL
TALLAHASSEE, FL 32301
222-1173

FILED
2002 SEP 26 PM 2:42
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILING COVER SHEET
ACCT. #FCA-14

CONTACT:

Tricia Tadlock

DATE:

9.27.02

REF. #:

0174.9613

CORP. NAME:

Backhand Associates, Ltd. ~~LLC~~
Backhand Associates, L.L.C. P.

() ARTICLES OF INCORPORATION

() ARTICLES OF AMENDMENT

() ARTICLES OF DISSOLUTION

() ANNUAL REPORT

() TRADEMARK/SERVICE MARK

() FICTITIOUS NAME

☒ FOREIGN QUALIFICATION

() LIMITED PARTNERSHIP

() LIMITED LIABILITY

() REINSTATEMENT

() MERGER

() WITHDRAWAL

() CERTIFICATE OF CANCELLATION () UCC-1

() UCC-3

() OTHER:

Statement of Qualification
for LLP

RECEIVED
02 SEP 27 PM 1:59

STATE FEES PREPAID WITH CHECK# 22967 FOR \$ 1,862.50

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

3000008081773-4

-09/27/02--01058--026

***1862.50 *** 25.00

COST LIMIT: \$

PLEASE RETURN:

() CERTIFIED COPY

() CERTIFICATE OF GOOD STANDING

() CERTIFICATE OF STATUS

☒ PLAIN STAMPED COPY

Examiner's Initials

J. BRYAN SEP 27 2002

**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:

Backhand Associates, Ltd.

The name the limited partnership will use: Backhand Associates, L.L.L.P.

Insert limited partnership's Florida document number: A02000001300

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:

David S. Band

240 South Pineapple Avenue, 10th Floor

Sarasota, Florida 34236

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 25th day of September, 2002.

Signature of TWO Partners: _____

Typed or printed names of partners signing above: David S. Band

William E. McComb

Filing Fee: \$25.00

Certified Copy (optional): \$52.50

Certificate of Status (optional): \$8.75

FILED
2002 SEP 26 PM 2:42
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA