

# A02000001316

Requester Name

Address

City/State/Zip

Phone #

Office Use Only

**CORP**

DBS  
451 Central Prk Dr  
Largo, FL 33771

**UMENT NUMBER(S), (if known):**

1. \_\_\_\_\_

(Document #)

2. \_\_\_\_\_

(Corporation Name)

(Document #)

3. \_\_\_\_\_

(Corporation Name)

(Document #)

4. \_\_\_\_\_

(Corporation Name)

(Document #)

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-10/01/02--01068--011  
\*\*\*121.25 \*\*\*\*\*33.75

Walk in

Pick up time \_\_\_\_\_

Certified Copy

Mail out

Will wait

Photocopy

Certificate of Status

**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

*Brc*

**OTHER FILINGS**

- Annual Report
- Fictitious Name

**REGISTRATION/QUALIFICATION**

- Foreign
- Limited Partnership
- Reinstatement
- Trademark
- Other

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA  
02 OCT -1 PM 12:31  
FILED

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:  
Addome Bella, LLLP

Insert limited partnership's Florida document number: see attached certificate of LP  
or A02000001316  
Attach certificate of limited partnership, affidavit of capital contributions and applicable limited partnership filing fees.

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

3. The street address of its chief executive office: 7445 Cool Breeze Court  
Spring Hill, FL 34606  
(if different from current recorded address):

4. The street address of principal office in Florida: same  
(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:  
Nancy Vittone  
7445 Cool Breeze Ct  
Spring Hill, Florida 34607

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 26th day of September, 2002

Signature of TWO Partners: Nancy Vittone  
Nicole Doherty

Typed or printed names of partners signing above: Nancy Vittone  
Nicole Doherty

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

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02 OCT - 1 PM 12:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA