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Tallahassee, Florida 32301
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October 16, 2002

CORPORATION NAME (S) AND DOCUMENT NUMBER (S):

The Haromy Family Limited Partnership

Filing Evidence

- ☐ Plain/Confirmation Copy
- ☒ Certified Copy

Retrieval Request

- ☐ Photocopy
- ☐ Certified Copy

Type of Document

- ☐ Certificate of Status
- ☐ Certificate of Good Standing
- ☐ Articles Only
- ☐ All Charter Documents to Include Articles & Amendments
- ☐ Fictitious Name Certificate
- ☐ Other

02 OCT 16 PM 1:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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-10/17/02--01002--006
*****25.00 *****25.00

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non Profit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of RA Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger Preclearance

OTHER FILINGS	
<input type="checkbox"/>	Annual Reports
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation
<input type="checkbox"/>	Reinstatement

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

X Statement of Qual

A02-1390

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RECEIVED
DIVISION OF CORPORATIONS

**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: **HAROMY FAMILY LIMITED PARTNERSHIP**, a Florida limited partnership.

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

1576 Parks Lake 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:

John C. Haromy
1576 Parks Lake Road
Lake Wales, FL 33853

4. This partnership hereby elects to be a Florida limited liability limited partnership, and thereafter be known as: **HAROMY 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.

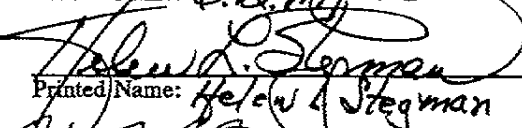
6. All general partners of the partnership have voted and approved the matters set forth herein.

FURTHER, AFFIANTS DO NOT SAY.

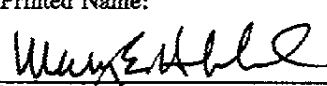

Printed Name: **C. B. MYERS**


Printed Name: **HELEN L. STEGMAN**


Printed Name: **C. B. MYERS**


Printed Name: **HELEN L. STEGMAN**


Printed Name: **MAURICE M. FELLER**


Printed Name: **MARY E. HABERLAND**


JOHN C. HAROMY


BARBARA H. HAROMY


KATHERINE H. WOLTMANN

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FILED

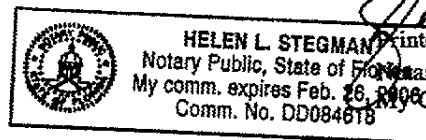
STATE OF FLORIDA

COUNTY OF POLK

I HEREBY CERTIFY that on the first day of August, 2002, before me, the undersigned Notary Public, authorized in the State and County named above to administer oaths, personally appeared **JOHN C. HAROMY and BARBARA H. HAROMY, his wife**, as general partners of the **HAROMY FAMILY LIMITED PARTNERSHIP**, who, after being by me first duly sworn, say upon oath that the above statements are true and correct.

SWORN TO AND SUBSCRIBED before me on this day by **JOHN C. HAROMY AND BARBARA H. HAROMY, his wife**, as general partners of the **HAROMY FAMILY LIMITED PARTNERSHIP**, on behalf of the partnership. They are personally known to me.

(SEAL)



Helen L. Stegman
 HELEN L. STEGMAN Printed Name: *Helen L. Stegman*
 Notary Public, State of Florida
 My comm. expires Feb. 26, 2006
 Comm. No. DD084618
 My Commission Expires: *02/26/2006*

02 OCT 11 2002
 SECRETARY OF STATE
 TALAHASSEE, FLORIDA

STATE OF FLORIDA

COUNTY OF POLK

I HEREBY CERTIFY that on the 19 day of August, 2002, before me, the undersigned Notary Public, authorized in the State and County named above to administer oaths, personally appeared **KATHERINE H. WOLTMANN**, as general partner of the **HAROMY FAMILY LIMITED PARTNERSHIP**, who, after being by me first duly sworn, says upon oath that the above statements are true and correct.

SWORN TO AND SUBSCRIBED before me on this day by **KATHERINE H. WOLTMANN**, as general partner of the **HAROMY FAMILY LIMITED PARTNERSHIP**, on behalf of the partnership. She is personally known to me.

(SEAL)



Jo Ann Littrell
 MY COMMISSION # CC832038 EXPIRES
 July 20, 2005
 BONDED THRU TROY FAIR INSURANCE, INC.

Jo Ann Littrell
 Printed Name: *Jo Ann Littrell*

Notary Public

My Commission Expires: *7/20/05*