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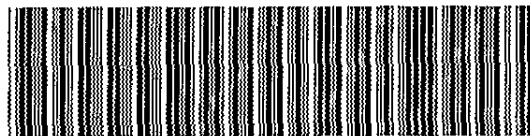
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02 NOV -7 AM 10:56

DEPARTMENT OF STATE
DIVISION OF REGISTRATION
TALLAHASSEE, FLORIDA

FILED

02 NOV -7 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

FILING COVER SHEET
ACCT. #FCA-14

CONTACT:

Pam

DATE:

11-7-02

REF. #:

0170.

CORP. NAME:

Helphenstine Enterprises
Limited Partnership LLP

() 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

(X) OTHER:

Statement of Qualification
for Florida LLP

STATE FEES PREPAID WITH CHECK#

61386

FOR \$

25.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

COST LIMIT: \$

PLEASE RETURN:

() CERTIFIED COPY

() CERTIFICATE OF GOOD STANDING

(X) PLAIN STAMPED COPY

() CERTIFICATE OF STATUS

Examiner's Initials

FILED

02 NOV -7 2PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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:
Helphenstine Enterprises Limited Partnership

Insert limited partnership's Florida document number: A020000001474
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 *
*to read as: Helphenstine Enterprises Limited Partnership, LLLP

3. The street address of its chief executive office: 1901 Tamiami Trail
Punta Gorda, FL 33950
(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:

JoAnn P. Helphenstine

1901 Tamiami Trail

Punta Gorda, Florida 33950

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 4th day of November, 2002

Signature of TWO Partners:

JoAnn P. Helphenstine
*Robert B. Helphenstine By JoAnn P. Helphenstine

Typed or printed names of partners signing above: JoAnn P. Helphenstine

Robert B. Helphenstine *

Filing Fee: \$25.00

Certified Copy (optional): \$52.50

Certificate of Status (optional): \$8.75

INHS66(1/00)

*by JoAnn P. Helphenstine as attorney-in-fact under Durable Power of Attorney dated February 24, 2000.