

A020000001476

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

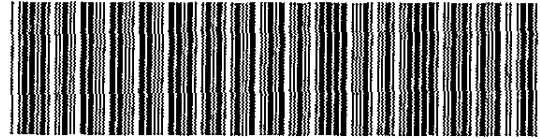
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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02 NOV -7 AM 10:57

DEPARTMENT OF STATE  
DIVISION OF CORPORATE  
REGISTRATION  
TALLAHASSEE, FLORIDA

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2002 NOV -7 PM 1:44

DEPARTMENT OF STATE  
DIVISION OF CORPORATE  
REGISTRATION  
TALLAHASSEE, FLORIDA

J. BRYAN NOV - 7 2002

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. #: 0170.10544

CORP. NAME: Helphenstine Properties  
Limited Partnership, LLLP

FILED  
2002 NOV -7 PM 1:44  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME         |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input type="checkbox"/> LIMITED LIABILITY       |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL              |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | <input type="checkbox"/> UCC-1                  | <input type="checkbox"/> UCC-3                   |

☒ OTHER: Statement of Qualification  
for LLLP

STATE FEES PREPAID WITH CHECK# 61384 FOR \$ 25.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

\_\_\_\_\_ COST LIMIT: \$ \_\_\_\_\_

PLEASE RETURN:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> CERTIFIED COPY        | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS |   |  |

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:  
Helphenstine Properties Limited Partnership

Insert limited partnership's Florida document number: A020000001476

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 Properties Limited/LLLP 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 4<sup>th</sup> 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.