

A02000001495

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

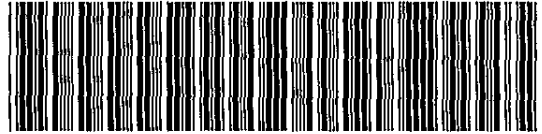
(Document Number)

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

Special Instructions to Filing Officer:

RECEIVED  
02 NOV 14 PM 1:17  
TALLAHASSEE, FLORIDA  
DIVISION OF CORPORATIONS  
OFFICE OF THE SECRETARY OF STATE

Office Use Only



500008823945

11/14/02--01065--002 \*\*25.00

FILED  
02 NOV 13 PM 1:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Bh*

CT CORPORATION

November 13, 2002

Secretary of State, Florida  
409 East Gaines Street  
N/A  
Tallahassee FL 32399

FILED  
02 NOV 13 PM 1:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Re: Order #: 5721276 SO  
Customer Reference 1:  
Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

11/13  
H C Partners Ltd. (FL)  
Formation  
Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

LP-25.00

Melanie S Strickland  
Fulfillment Specialist

Melanie\_Strickland@cch-lis.com

660 East Jefferson Street  
Tallahassee, FL 32301  
Tel. 850 222 1092  
Fax 850 222 7615

**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:  
H C Partners Ltd.

Insert limited partnership's Florida document number: \_\_\_\_\_

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  
(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:

James F. Manley

4422 North Church Street, Unit H

Tampa

Florida 33614

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 11th day of November, 2002

Signature of TWO Partners: \_\_\_\_\_

Typed or printed names of partners signing above: \_\_\_\_\_

James F. Manley

Christine A. Manley

Filing Fee: \$25.00

Certified Copy (optional): \$52.50

Certificate of Status (optional): \$8.75