

AD300000000-76

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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(Business Entity Name)

(Document Number)

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AND
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03 JUN 15 PM 1:27 RECEIVED
03 JUN 15 AM 10:09
STATE
TALLAHASSEE
FLORIDA
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2052
7503



UCC FILING & SEARCH SERVICES, INC.
526 East Park Avenue
Tallahassee, Florida 32301
(850) 681-6528

HOLD
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UCC SERVICES
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January 15, 2003

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

AE Management Enterprises, Ltd.

Filing Evidence

- ☐ Plain/Confirmation Copy
- ☒ 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

Retrieval Request

- ☐ Photocopy
- ☐ Certified Copy

File 2nd

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

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 Stmt of Qual

NOTED
AND
FILED
03 JAN 15 PM 1:27
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

**STATEMENT OF QUALIFICATION FOR
FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP**

1. The name of the limited partnership in the records of the Florida Department of State:
AE Management Enterprises, Ltd.

Insert limited partnership's Florida document number:
Or

AD3000000076

Attach certificate of limited partnership, affidavit of capital contributions and applicable limited partnership filing fees.

2. Suffix adopted for the above named partnership: **LLLP**

3. The street address of its chief executive office: **Same as Recorded Address**
(if different from recorded address): _____

4. The street address of principal office in Florida: **Same as above.**
(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 of the Florida street address of the partnership's agent for service process:

Jose Escobar
9246 S.W. 144th Place
Miami, Florida 33186

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

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 31 day of October, 2002.

Signatures of TWO Partners:

Jose me Escobar S.
ALEX ESCOBAR

Typed or printed names of partners

JOSE ESCOBAR
ALEX ESCOBAR