

A 03000000123

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

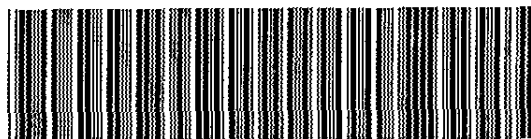
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

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01/27/03--01040--027 \*\*1827.50

RECEIVED

03 JAN 27 AM 11:57

DEPT. OF REVENUE  
DIVISION OF CORPORATE & PERSONAL TAXES  
TALLAHASSEE, FLORIDA

FILED

03 JAN 27 PM 2:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

BK

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

FILING COVER SHEET  
ACCT. #FCA-14

CONTACT: PAM

DATE: 1-27-03

REF. #: 0672.12392

CORP. NAME: Gulf WINDS, LLLP

FILED  
JAN 27 PM 2:06  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

- |  |   |  |
|--|---|--|
| <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 checked="" 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                   |
| <input checked="" type="checkbox"/> OTHER: <u>Statement of Qualification</u> |   |  |

STATE FEES PREPAID WITH CHECK# 733 FOR \$ 33-75

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 checked="" 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:  
GULF WINDS, LLLP

Insert limited partnership's Florida document number: A03000000123

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  
(LLP, L.L.P.)

3. The street address of its chief executive office: N/A  
(if different from current recorded address):

4. The street address of principal office in Florida: N/A  
(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:

KENNETH MISEMER

5645 Nebraska Avenue

New Port Richey, Florida 34652

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 22<sup>nd</sup> day of January, 2003.

Signature of TWO Partners:

Typed or printed names of partners signing above: James Dreher  
Michael Ryan

FILED  
JAN 27 AM 2:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Filing Fee: \$25.00  
Certified Copy (optional): \$52.50  
Certificate of Status (optional): \$8.75