

A-03 000000217

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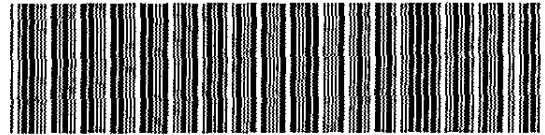
(Business Entity Name)

(Document Number)

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2004 MAR 15 AM 11:15
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

J. BRYAN MAR 24 2004

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KLEMAN PLAZA, LTD

(Name of Limited Partnership)

DOCUMENT NUMBER: A03000000217

The enclosed Statement of Qualification for Florida Limited Liability Limited Partnership and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Aslan Palachi

(Name of Person)

c/o BCOM, Inc.

(Firm/Company)

1201 Brickell Ave, Suite 650

(Address)

Miami, FL 33131

and Zip Code)

For further information concerning this matter, please call:

Aslan Palachi

(Name of Person)

at (**305**) **375-0090**

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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DIVISION OF CORPORATIONS
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:
KLEMAN PLAZA, LTD

Insert limited partnership's Florida document number: **A03000000217**

or

Attach Certificate of Limited Partnership, Affidavit of Capital Contributions and applicable limited partnership filing fees.

2. The complete name of the entity after filing Statement of Qualification shall be:

KLEMAN PLAZA, LLLP

(Must include LLLP or L.L.L.P.)

3. The street address of its chief executive office: **1201 Brickell Avenue**
(if different from current recorded address): **Suite 650**

Miami, FL 33131

4. The street address of principal office in Florida: **1201 Brickell Avenue**
(if different from above) **Suite 650**

Miami, FL 33131

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:

Aslan Palachi

c/o BCOM, Inc.

1201 Brickell Ave, Suite 650, Miami, Florida **33131**

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 **10th** day of **March**, **2004**

Signature of TWO Partners: _____

Typed or printed names of partners signing above: _____

Aslan Palachi for BCOM-Plaza, LLC
[Signature] for BCOM-Kleman, Ltd

Filing Fee: **\$25.00**

Certified Copy (optional): \$52.50

Certificate of Status (optional): **\$8.75**

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TALLAHASSEE, FLORIDA