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## STATEMENT OF QUALIFICATION FOR FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP

1. The name of the limited partnership as identified in	n the records of the Florida Department of State:
Acquire VIII, LLIP	
Insert limited partnership's Florida document number or  Attach certificate of limited partnership, affidavit of c partnership filing fees.	·
2. Suffix adopted for the above named partnership:	(LLLP, L.L.P.)
3. The street address of its chief executive office:	155 Crystal Beach Drive Suite 200 Destin, FL 32541
4. The street address of principal office in Florida:  (if different from above)	
5. The limited partnership hereby elects to be a limite	ed liability limited partnership.
6. The effective date of this filing shall be:  XX as of the date this document is or  a date later than the time of file.	·
7. The name and Florida street address of the partner	
	•
-	Florida
The execution of this statement as a partner constitute that the facts stated herein are true.	
Signed this 30th day of January  Signature of TWO Partners:  Typed or printed names of partners signing above:	Jacque Castle  John Tringas Limato Pentuser  93 FEB TI 257 TI 257 TI 257 TI
	SA Z

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