

A03000000323

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

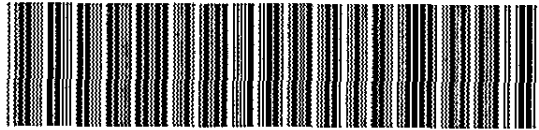
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DIVISION OF CORPORATIONS  
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LAW OFFICES OF  
**MICHAEL R. STORACE, P.A.**  
9100 SOUTH DADELAND BOULEVARD • SUITE 1607  
MIAMI, FLORIDA 33156  
(305) 670-5541  
FAX NO. (305) 670-5546

July 9, 2004

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

RE: Herrada Investments, Ltd. O/F#03-0001

Dear Sir or Madam:

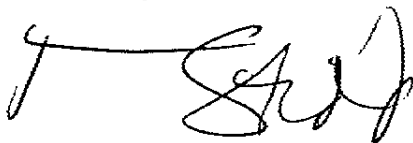
Enclosed please find the following:

- (1) Transmittal Letter.
- (2) Statement of Qualification for Florida Limited Liability Limited Partnership for Herrada Investments, Ltd.
- (3) Check #14190 in the amount of Thirty Three and 75/100 (\$33.75) Dollars to cover filing fees and a Certificate of Status as a Florida Limited Liability Limited Partnership.

Kindly file the Statement of Qualification for Florida Limited Liability Limited Partnership with the Secretary of State. Please return a Certificate of Status that this document has been filed with the Secretary of State.

If you have any questions, please contact us.

Sincerely,



Tereina R. Stidd, Esquire  
2004dsk#24

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## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Herrada Investments, Ltd.

(Name of Limited Partnership)

DOCUMENT NUMBER: A03000000323

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:

Michael R. Storace

(Name of Person)

Law Offices of Michael R. Storace, P.A.

(Firm/Company)

9100 S. Dadeland Boulevard, Suite 1607

(Address)

Miami, FL 33156

(and Zip Code)

For further information concerning this matter, please call:

Michael R. Storace

(Name of Person)

at ( 305 ) 670-5541

(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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**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:  
Herrada Investments, Ltd.

Insert limited partnership's Florida document number: A03000000323

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:

Herrada Investments, LLLP

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

3. The street address of its chief executive office: same as recorded address  
(if different from current 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:

☒ 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:

Frederico Garcia, CPA

8221 Coral Way

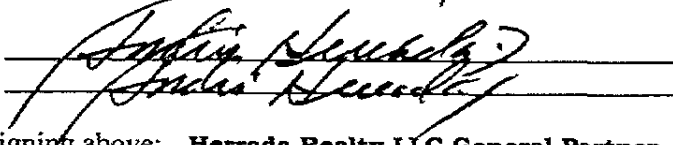
Miami

Florida 33155

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 28<sup>th</sup> day of June, 2004.

Signature of TWO Partners:



Typed or printed names of partners signing above: Herrada Realty, LLC General Partner  
BY: Andres Herrada, as Manager

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

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