

A03000000544

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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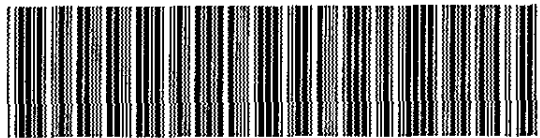
(Business Entity Name)

(Document Number)

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April 1, 2003

**CORPORATION NAME (S) AND DOCUMENT NUMBER (S):**  
Hampton Family Limited Partnership

**Filing Evidence**

- ☒ Plain/Confirmation Copy  
☐ Certified Copy

**Retrieval Request**

- ☐ Photocopy  
☐ 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

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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

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

Pursuant to Section 620.187, Florida Statutes, the below named limited partnership submits the following Statement of Qualification:

1. The name of the partnership submitting this statement to register as a Limited Liability Limited Partnership is: **LSL HAMPTON FAMILY LIMITED PARTNERSHIP**, a Florida limited partnership.

2. The address of the principal office of the partnership is:

3125 Thornhill Rd.  
Winter Haven, FL 33880

3. The name and Florida street address of the Registered Agent and registered office for service of process on the partnership is:

LYNN HAMPTON  
3125 Thornhill Rd.  
Winter Haven, FL 33880

4. This partnership hereby elects to be a Florida limited liability limited partnership, and thereafter be known as: **LSL HAMPTON FAMILY LIMITED PARTNERSHIP, LLLP**, a Florida limited liability limited partnership.

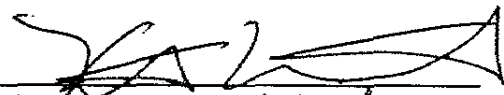
5. The effective date of the Florida limited liability limited partnership will be the date this registration is filed with the Florida Secretary of State.

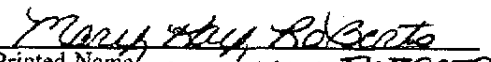
6. All general partners of the partnership have voted and approved the matters set forth herein.


**FURTHER, AFFIANTS DO NOT SAY.**

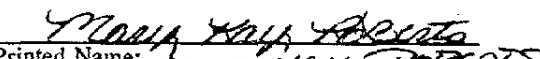
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Printed Name: Keith H. Wadsworth

  
Printed Name: MARY KAY ROBERTS

  
Printed Name: Keith H. Wadsworth

  
Printed Name: MARY KAY ROBERTS

**GENERAL PARTNER:**

  
LYNN HAMPTON

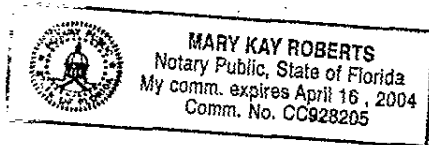
  
LEIGH HAMPTON


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**STATE OF FLORIDA  
COUNTY OF POLK**

I HEREBY CERTIFY that on the 31ST day of MARCH, 2003, before me, the undersigned Notary Public, authorized in the State and County named above to administer oaths, personally appeared **LYNN HAMPTON**, as general partner of the **LSL HAMPTON FAMILY LIMITED PARTNERSHIP**, who, after being by me first duly sworn, says upon oath the above statements. Sworn to and subscribed before me on this day by, **LYNN HAMPTON**, as general partner of the **LSL HAMPTON FAMILY LIMITED PARTNERSHIP**, on behalf of the partnership. He or she is personally known to me or has produced a drivers license as identification.

(SEAL)

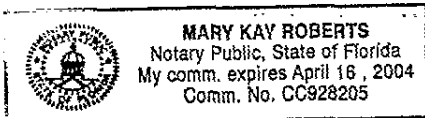


  
Printed Name: MARY KAY ROBERTS  
Notary Public  
My Commission Expires: 04/16/2004

STATE OF FLORIDA  
COUNTY OF POLK

I HEREBY CERTIFY that on the 31ST day of MARCH, 2003, before me, the undersigned Notary Public, authorized in the State and County named above to administer oaths, personally appeared **LEIGH HAMPTON**, as general partner of the LSL HAMPTON FAMILY LIMITED PARTNERSHIP, who, after being by me first duly sworn, says upon oath the above statements. Sworn to and subscribed before me on this day by, **LEIGH HAMPTON**, as general partner of the LSL HAMPTON FAMILY LIMITED PARTNERSHIP on behalf of the partnership. He or she is personally known to me or has produced a drivers license as identification.

(SEAL)



Mary Kay Roberts  
Printed Name:  
Notary Public MARY KAY ROBERTS  
My Commission Expires: 04/16/2004

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