

A030000000 724

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

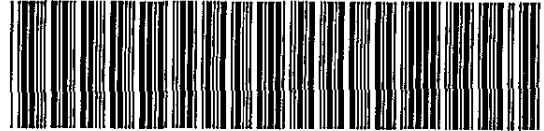
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2003 JUN 19 PM 4:00
CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

J. BRYAN JUN 25 2003

A03000000724

LAW OFFICES

JOSEPH A. PORRELLO, P.A.

550 Brickell Avenue, Penthouse 2, Miami, Florida 33131 (305) 374-0092 fax (305) 374-5581
jporrello@snp-law.com

June 5, 2003

Florida Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, Fl. 32314

Re: Simon Family Partnership, LLLP

Dear Representative:

Please find enclosed a Statement of Qualification for Simon Family Partnership, LLLP, along with a check for \$25.00 for the filing fee for same.

Please send all correspondence to Joseph A. Porrello at 550 Brickell Avenue, Penthouse 2, Miami, Florida, 33131.

Very truly yours,



Joseph A. Porrello

JAP/lm

Enclosures

6/11 NO CK

FILED
2003 JUN 19 PM 4:00
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

LAW OFFICES

JOSEPH A. PORRELLO, P.A.

550 Brickell Avenue, Penthouse 2, Miami, Florida 33131 (305) 374-0092 fax (305) 374-5581
jporrello@snp-law.com

June 18, 2003

FILED
2003 JUN 19 PM 4:00
OFFICE OF CORPORATIONS
TALLAHASSEE, FLORIDA

Florida Department of State
Department of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: SIMON FAMILY PARTNERSHIP, LTD.
REF. NUMBER: A03000000724

Dear Representative:

Please find enclosed check for \$25.00 (twenty five dollars) for the filing fee for the Statement of Qualification for Simon Family Partnership, LTD. The filing fee was inadvertently omitted from our prior correspondence. If you have any questions, please call the undersigned at (305) 374-0092.

Very truly yours,



Joseph A. Porrello

JP/so

Enclosure



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

June 12, 2003

JOSEPH A. PORRELLO
550 BRICKELL AVENUE, PH 2
MIAMI, FL 33131

SUBJECT: SIMON FAMILY PARTNERSHIP, LTD.
Ref. Number: A03000000724

FILED
2003 JUN 19 PM 4:00
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

We have received your document for SIMON FAMILY PARTNERSHIP, LTD., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan
Document Specialist

Letter Number: 903A00036534

**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:
Simon Family Partnership, Ltd.

Insert limited partnership's Florida document number: A03000000724

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

(LLLP, L.L.L.P.)

3. The street address of its chief executive office: _____

(if different from current recorded address): _____

4. The street address of principal office in Florida: _____

(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:

Richard Simon

2485 Poinciana Dr.

Weston, Florida 33327

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 9th day of May, 2003

Signature of TWO Partners: _____

Typed or printed names of partners signing above: Sam Simon

Richard Simon

Filing Fee: \$25.00

Certified Copy (optional): \$52.50

Certificate of Status (optional): \$8.75