

AD3000000741

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

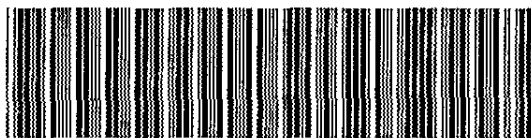
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500018667275

05/14/03--01014--018 **25.00

RECEIVED

03 MAY 14 AM 10:29

DEPT. OF REVENUE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

03 MAY 14 AM 11:11

DEPT. OF REVENUE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

AD3-741
Q



UCC FILING & SEARCH SERVICES, INC.
526 East Park Avenue
Tallahassee, Florida 32301
(850) 681-6528

HOLD
FOR PICKUP BY
UCC SERVICES
OFFICE USE ONLY

May 14, 2003

CORPORATION NAME (S) AND DOCUMENT NUMBER (S):

Resop Family Limited Partnership, LLP

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

NEW FILINGS	
☐	Profit
☐	Non Profit
☐	Limited Liability
☐	Domestication
☐	Other

AMENDMENTS	
☐	Amendment
☐	Resignation of RA Officer/Director
☐	Change of Registered Agent
☐	Dissolution/Withdrawal
☐	Merger

OTHER FILINGS	
☐	Annual Reports
☐	Fictitious Name
☐	Name Reservation
☐	Reinstatement

REGISTRATION/QUALIFICATION	
☐	Foreign
☐	Limited Liability
☐	Reinstatement
☐	Trademark
☐	Other

X Stmt of Qual

FILED
03 MAY 14 AM 11:11
TALLAHASSEE, FLORIDA

STATEMENT OF QUALIFICATION FOR FLORIDA
LIMITED LIABILITY LIMITED PARTNERSHIP

1. The name of the partnership as identified in the records of the Florida Department of State:

RESOP FAMILY LIMITED PARTNERSHIP, LLP

Insert limited partnership's Florida document number: AD3000000741
or

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

2. Suffix adopted for the above named partnership: LLP
("Registered Limited Liability Partnership," "Limited Liability Partnership," "R.L.L.P.," "L.L.P.," "RLLP," or "LLP")

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

8041 Blind Pass Road
St. Pete Beach, FL 33701

4. The street address of principal office in Florida:
(if different from above)

SAME AS ABOVE

5. The limited partnership hereby elects to be a limited liability limited partnership.

6. The effective date of this filing shall be:
XX 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:

W. Paul Resop, II
8041 Blind Pass Road
St. Pete Beach, FL 33706

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 13 day of May, 2003.

Signature of Sole General Partner:



Mark G. Resop, as Trustee of the
Resop Irrevocable Trust dated
December 2, 1997

FILED
03 MAY 14 PM 11:11
TALLAHASSEE, FLORIDA