## A03000000867

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cil	ty/State/Zip/Phone	#\
(5	-,	,
PICK-UP	WAIT	MAIL
<u> </u>	<del>!!</del>	<u>—</u>
(Bu	isiness Entity Nam	e)
(Document Number)		
Certified Copies	Certificates	of Status
Continue Copies		<u></u>
Special Instructions to	Filing Officer:	.
		ļ
		<b>\</b>
•		
<u></u>		





100020871371

O3 JUL -2 PH 3:53

03 JUL -2 PH 3: 3:

WALL STATE

M

## ACOUNTFILING COVER GLEET OF 1867

Account Number	:0721-00000-307	
Reference: (Sub Account)	3382	155 J T
Date:	7-2.	
Requestor Name: Address: Telephone: Contact:	Attorneys' Title Insurance 1965 Capital Circle NE Tallahassee, Florida 32308 850-222-2785 Barbara Keys	E . 3
Corporation Name:	eun Acous of Nogles,	hata.
Document Number:	13-867	10 Jul -2
(If Applicable)		
Authorization:	Barbara Keys	FIN 12: 4-6
Certifica	Copy (1-9) te of Status (1-9) amped Copy	
Call When Ready XX_ Walk In		After 2:30 K_ Pick Up

## 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:
Green Acres of Naples, Ltd.
Insert limited partnership's Florida document number: A0300000867 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
3. The street address of its chief executive office: 27730 Faygin Lane  (if different from current recorded address):  Bonita Springs FL 34135
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:  Leo J. Salvatori, Esq.
4501 Tamiami Trail North, Suite 300
Naples , Florida 34103
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 day of June
Signature of TWO Partners:
Typed or printed names of partners signing above: James Glase
Robert E. Shevlin, Jr.

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