

A03000000896

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

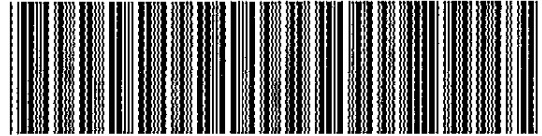
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900020697729

06/17/03--01042--021 **194.75

RECEIVED
03 JUN 17 AM 11:28
DEPT. OF REVENUE
TALLAHASSEE, FLORIDA

Handwritten signature/initials

FILED
03 JUN 17 PM 1:01
STATE
TALLAHASSEE, FLORIDA

CORPDIRECT AGENTS, INC. (formerly CCRS)
103 N. MERIDIAN STREET, LOWER LEVEL
TALLAHASSEE, FL 32301
222-1173

FILE 2ND

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: CINDY

DATE: 6-17-03

REF. #: 0170.16957

CORP. NAME: SELLERS CHOICE TITLE, LLLP

FILED
03 JUN 17 PM 1:01
TALLAHASSEE, FLORIDA

- | | | |
|---|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input checked="" type="checkbox"/> OTHER: LIMITED LIABILITY LIMITED PARTNERSHIP | | |

3375

STATE FEES PREPAID WITH CHECK# 62875 FOR \$ 194.75

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

COST LIMIT: \$ _____

PLEASE RETURN:

- | | |
|---|---|
| <input type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING |
| <input checked="" type="checkbox"/> PLAIN STAMPED COPY | |
| <input checked="" type="checkbox"/> CERTIFICATE OF STATUS | |

Examiner's Initials

**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:
Sellers Choice Title, Ltd.

Insert limited partnership's Florida document number: _____

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
to read as Sellers Choice Title, LLLP
(LLLP, L.L.L.P.)
3. The street address of its chief executive office: 1101 Lithia Pinecrest Road
Brandon, Florida 33511
(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:

Barbara Sellers-Sosa

1626 East Highway 60

Valrico, Florida 33594

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 10th day of June 2003

Signature of TWO Partners: ✓

✓ [Signature]
✓ [Signature]

Typed or printed names of partners signing above: Sellers Title Company, by Barbara Sellers-Sosa, President

Barbara Sellers-Sosa

Filing Fee: \$25.00

Certified Copy (optional): \$52.50

Certificate of Status (optional): \$8.75