

A03000000956

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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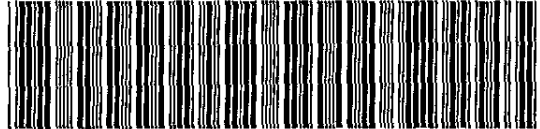
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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hr  
7/3

Mr. Menze GAVE  
AUTHORIZATION BY PHONE TO  
CORRECT effective date  
DATE 7/3/03  
DOC. EXAM LEE RIVERS

30

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

June 19, 2003

To whom it may concern:

Attached please find the following re Resort Mortgage One, LLLP:

1. Certificate of Limited Partnership.
2. Affidavit of Capital Contributions for Florida Limited Partnership.
3. Statement of Qualification for Florida Limited Liability Limited Partnership.
4. Check # 4835 in the amount of \$130.00 to cover Certificate & Affidavit. \$ 52.50 fee, \$35.00 designation of registered agent fee and \$8.75 certificate fee. Also \$25.00 filing fee and \$8.75 Certificate of Status for Statement of Qualification for Florida limited liability limited partnership.

Please contact Jerry Menze at 850-837-0718 with any questions or if further information is needed.

Thank you,



Melanie Castle  
General Partner

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**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:  
Resort Mortgage One, LLLP

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

3. The street address of its chief executive office: 155 Crystal Beach Drive  
Suite 135  
(if different from current recorded address):  
Destin, Fl. 32541

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:  
\_\_\_\_\_ 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:  
Melanie Castle - General Partner  
155 Crystal Beach Drive Suite 135  
Destin, Florida 32541

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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 19th day of June, 2003

Signature of TWO Partners: Melanie Castle  
Harroll "Chip" Castle II

Typed or printed names of partners signing above: Melanie Castle  
Harroll "Chip" Castle II

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