

A03000001199

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

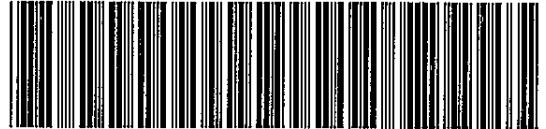
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300022408093

300022408093
08/04/03--01045--002 **145.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 AUG 22 AM 9:34

W8/22

**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:

RE-LI LIMITED

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

(LLP, L.LLP.)

3. The street address of its chief executive office: 4087 NW 2 COURT, DELRAY BEACH, FL

(if different from current recorded address): _____

4. The street address of principal office in Florida: SAME AS ABOVE

(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:

Lina Duque - same address as above

_____, Florida _____

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 31 day of July, 2003.

Signature of TWO Partners: _____

Lina Duque
Regina Gonzales

Typed or printed names of partners signing above: Lina Duque

Regina Gonzales

Filing Fee: \$25.00

Certified Copy (optional): \$52.50

Certificate of Status (optional): \$8.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 AUG 22 AM 9:34