

A03000001369

(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

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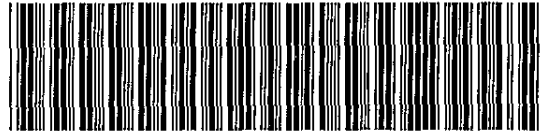
(Business Entity Name)

(Document Number)

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BK

Requester's Name
STUART E. GOLDBERG
ATTORNEY AT LAW
 P. O. BOX 12458
 TALLAHASSEE, FL 32317-2458
 Address
 City/State/Zip Phone #

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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Knox Family Partnership LLP
 (Corporation Name) (Document #)

2. _____
 (Corporation Name) (Document #)

3. LP~
 (Corporation Name) (Document #)

4. _____
 (Corporation Name) (Document #)

☒ Walk in

☐ Mail out

☒ Pick up time

☐ Will wait

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☐ Photocopy

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NEW FILINGS

☐ Profit

☐ Not for Profit

☒ Limited Liability

☐ Domestication

☐ Other

AMENDMENTS

☐ Amendment

☐ Resignation of R.A., Officer/Director

☐ Change of Registered Agent

☐ Dissolution/Withdrawal

☐ Merger

OTHER FILINGS

☐ Annual Report

☐ Fictitious Name

REGISTRATION/QUALIFICATION

☐ Foreign

☒ Limited Partnership

☐ Reinstatement

☐ Trademark

☐ Other

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: Knox Family Partnership, 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

3. The street address of principal office in Florida: 3715 Bobbin Mill Road
(if different from current recorded address): Tallahassee, Florida 32312

4. The street address of principal office in Florida: 3715 Bobbin Mill Road
Tallahassee, Florida 32312

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:
O. Jennings Knox, III
3715 Bobbin Mill Road
Tallahassee, Florida 32312

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 25 day of July, 2003.

Signature of TWO Partners: _____

O. Jennings Knox, III
Cynthia Shaffield Knox

Typed or printed names of partners signing above:

O. Jennings Knox, III

Cynthia Shaffield Knox

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

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