

A03000001638

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

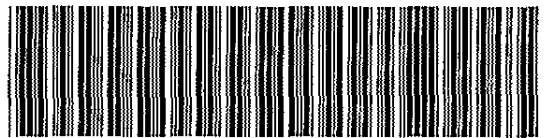
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



100024776191

11/21/03--01018--015 \*\*77.50

STATE  
CORPORATIONS  
TALLAHASSEE, FLORIDA

RECEIVED  
03 NOV 21 AM 11:16

RECEIVED

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
2003 NOV 20 PM 12:12

FILED

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

FILING COVER SHEET  
ACCT. #FCA-14

CONTACT: KATIE WONSCH

DATE: 11/21/03

REF. #: 0809.21363

CORP. NAME: RAMA, LLLP

**FILE SECOND**

- |  |   |  |
|--|---|--|
| <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: LLLP      |   |  |

STATE FEES PREPAID WITH CHECK# 276 FOR \$ 77.50

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

\_\_\_\_\_ COST LIMIT: \$ \_\_\_\_\_

PLEASE RETURN:

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

Examiner's Initials

FILED  
2003 NOV 20 PM 12:12  
DIV. OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**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:  
RAMA, LTD

Insert limited partnership's Florida document number: A03000001638  
or

Attach Certificate of Limited Partnership, Affidavit of Capital Contributions and applicable limited partnership filing fees.

2. The complete name of the entity after filing Statement of Qualification shall be:

RAMA, LLLP

(Must include LLLP or L.L.L.P.)

3. The street address of its chief executive office: 18911 Collins Avenue, #1507  
(if different from current recorded address):

Sunny Isles Beach, FL 33160

4. The street address of principal office in Florida: 18911 Collins Avenue, #1507  
(if different from above)

Sunny Isles Beach, FL 33160

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:

Maria T. Alvarez

18911 Collins Avenue, #1507

Sunny Isles Beach, Florida 33160

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 19<sup>th</sup> day of November, 2003.

Signature of TWO Partners:

Ricardo S. Alvarez, G.P.  
Maria T. Alvarez, G.P.

Typed or printed names of partners signing above: Ricardo S. Alvarez

Maria T. Alvarez

Filing Fee: \$25.00

Certified Copy (optional): \$52.50

Certificate of Status (optional): \$8.75

FILED  
2003 NOV 20 PM 12:12  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA