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04 JAN 15 PM 12:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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STATEMENT OF QUALIFICATION FOR
FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP

FILED

1. The name of the limited partnership as identified in the records of the Florida Department of State: Omni Rehab Services, Ltd. 07 JAN 15 PM 12:16

Insert limited partnership's Florida document number: _____

or

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Omni Rehab Services, L.L.L.P.

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

3. The street address of its chief executive office: _____
(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:

☒ 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:

Precioso Timonera

1174 E. Vine St

Kissimmee

Florida

34744

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 5th day of January, 2004

Signature of TWO Partners:

Typed or printed names of partners signing above:

Precioso Timonera

Isabelle Ong

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