

A 04006000466

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

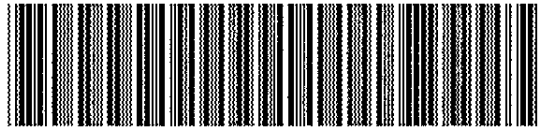
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500029286665

FILED

04 MAR 26 PM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

04 MAR 26 PM 12:46
DEPARTMENT OF STATE
DIVISION OF REGISTRATION
TALLAHASSEE, FLORIDA

131L



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 0721000000032
REFERENCE : 524841 4332380
AUTHORIZATION : *Patricia Pizito*
COST LIMIT : \$ 33.75

FILED
04 MAR 26 PM 3:07
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

ORDER DATE : March 26, 2004
ORDER TIME : 11:01 AM
ORDER NO. : 524841-005
CUSTOMER NO: 4332380
CUSTOMER: Mr. Michael R. Storace
Michael R. Storace, P.a.
Suite 1607
9100 South Dadeland Blvd.
Miami, FL 33156

DOMESTIC FILING

NAME: KLEMAN ASSOCIATES, LTD.

EFFECTIVE DATE:

XX STATEMENT OF QUALIFICATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
 PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan - EXT. 2955

EXAMINER'S INITIALS: _____

STATEMENT OF QUALIFICATION FOR
FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP

FILED
04 MAR 26 PM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of the limited partnership as identified in the records of the Florida Department of State:
Kleman Associates, Ltd.

Insert limited partnership's Florida document number: A04000000466

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:

Kleman Associates, LLLP

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

3. The street address of its chief executive office: same as recorded address

(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:

Law Offices of Michael R. Storace, P.A.

9100 S. Dadeland Boulevard, Suite 1607

Miami, Florida 33156

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 24TH day of MARCH, 2004

Kleman Investors, LEC BY:

Signature of TWO Partners:

Florida Trowell Trades Pension Fund by: F.C. Houser as Manager, Anthony Sessions as Trustee

Typed or printed names of partners signing above: F. C. HOUSER

ANTHONY SESSIONS

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