

A04 0000000943

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

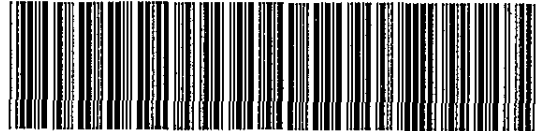
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A04-943
OK

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MSS MARINE PARTNERSHIP, LTD
(Name of Limited Partnership)

DOCUMENT NUMBER: A04000000943

The enclosed Statement of Qualification for Florida Limited Liability Limited Partnership and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

David Levy
(Name of Person)

Joseph A. Porrello, P.A.
(Firm/Company)

550 Brickell Avenue - PH#2
(Address)

Miami, Florida 33131
and Zip Code)

For further information concerning this matter, please call:

Joseph A. Porrello at (305) 374-0092
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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**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:
MSS MARINE PARTNERSHIP, LTD

Insert limited partnership's Florida document number: **A04000000943**

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:

MSS MARINE PARTNERSHIP, LLLP

(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:

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:

Mitchell S. Seavey, M.D.

5700 North Federal Highway, Suite #2

Fort Lauderdale

Florida 33308

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 **18** day of **JUNE**, **2004**.

Signature of TWO Partners:

Mitchell S. Seavey
Rita Seavey

Typed or printed names of partners signing above: **Rita Seavey**

Mitchell S. Seavey, M.D.

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 JUN 05 PM 12:11

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