

A0400000 1059

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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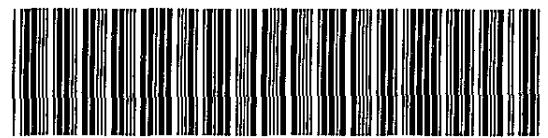
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

J. BRYAN JUL 14 2004

TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PRODUCT DESIGN AND DEVELOPMENT, LIMITED  
(Name of Limited Partnership)

DOCUMENT NUMBER: A04000001059

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:

JOSEPH A. MURPHY, III  
(Name of Person)

ATTORNEY

(Firm/Company)

516 S.W. CAMPDEN AVE  
(Address)

STUART, FL 34994  
(and Zip Code)

For further information concerning this matter, please call:

JOSEPH A. MURPHY, III (772) 223-8600  
(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

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DIVISION 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:  
Product Design and Development LIMITED

Insert limited partnership's Florida document number: A04000001059  
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:

Product Design and Development LLLP  
(Must include LLLP or L.L.L.P.)

3. The street address of its chief executive office: 4490 Cheri Ct  
(if different from current recorded address): Stuart FL 34997

4. The street address of principal office in Florida: Same  
(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:

Bryan J. Blazic  
3610 SE Bow Spr. Ct  
Stuart, Florida 34997

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 8 day of June, 2004.

Signature of TWO Partners:

Typed or printed names of partners signing above: Bryan J. Blazic  
Scott F. C-12

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

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