

AD4 000000/085

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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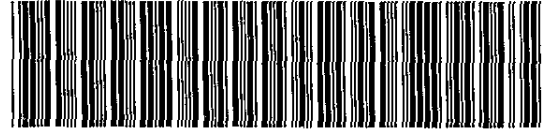
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AD4-1085
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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:
P. Simon Family Limited Partnership, LLLP

Insert limited partnership's Florida document number: A04000001085
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:

P. Simon Family Limited Partnership, LLLP

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

3. The street address of its chief executive office: **Pirhia Simon**
(if different from current recorded address): **5570 LaGorce Drive**
Miami Beach, FL 33140

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:

Pirhia Simon
5570 La Gorce Drive
Miami Beach, Florida **33140**

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 27 day of April, 2004

Signature of TWO Partners:

Michael Simon
Pirhia Simon

Typed or printed names of partners signing above: **Pirhia Simon**
Michael Simon

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

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