

A04000001256

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

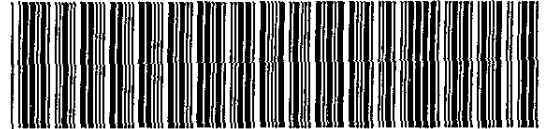
(Document Number)

Certified Copies _____ Certificates of Status _____

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08/17/04--01049--006 **25.00

04 AUG 17 PM 4:19
SECRETARY OF STATE
DIVISION OF CORPORATIONS

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: STATEMENT OF QUALIFICATOINS FOR FLORIDA LLLP
(Name of Limited Partnership)

DOCUMENT NUMBER: A04000001256

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:

JILL S. BARGER, ESQ.

(Name of Person)

(Firm/Company)

633 Mary Jane Lane

(Address)

St. Augustine, Florida 32086

and Zip Code)

For further information concerning this matter, please call:

Jill S. Barger

(Name of Person)

at (904) 806-3936

(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

04 AUG 17 PM 4:19
SECRETARY OF STATE
DIVISION OF CORPORATIONS

**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:
QUALITY REVIEW SYSTEMS LIMITED PARTNERSHIP

Insert limited partnership's Florida document number: **A04000001256**

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:

QUALITY REVIEW SYSTEMS LLLP

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

3. The street address of its chief executive office: **Andrea S. Samuels**

(if different from current recorded address):

1093 A1A Beach Blvd PMB 257

St. Augustine, Florida 32080-6733

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:

XX 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:

Jill S. Barger, ESQ.

633 Mary Jane Lane

St. Augustine, Florida 32086

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 _____ day of **August**, **2004**

Signature of TWO Partners:

Andrea S. Samuels
Vandana Bhide

Typed or printed names of partners signing above: **Andrea S. Samuels**

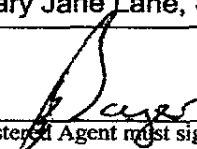
Vandana Bhide

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

04 AUG 17 PM 4:19

FLORIDA
SECRETARY OF STATE
DIVISION OF CORPORATIONS

CERTIFICATE OF LIMITED PARTNERSHIP

1. QUALITY REVIEW SYSTEMS LIMITED PARTNERSHIP
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")
2. 1093 A1A Beach Blvd
(Business address of Limited Partnership)
3. Jill S. Barger
(Name of Registered Agent for Service of Process)
4. 633 Mary Jane Lane, St. Augustine, Florida 32086
(Florida street address for Registered Agent)
5. 
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)
6. 1093 A1A Beach Blvd, PMB 257, St. Augustine, Florida 32080-6733
(Mailing Address of the Limited Partnership)

7. The latest date upon which the Limited Partnership is to be dissolved is: 1/01/2025
8. Name(s) of general partner(s): _____ Street address: _____

Andrea Samuels

1093 A1A Beach Blvd PMB 257

Vandana Bhide

St. Augustine, Florida 32080

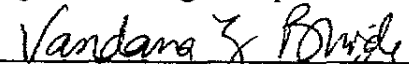
VB 155 150 Marine Street #201 VB

St. Augustine, Florida 32086 32084

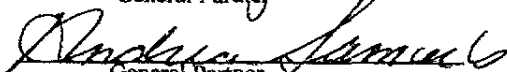
Under penalties of perjury I (we) declare that I (we) have read the foregoing and know the contents thereof and that the facts stated herein are true and correct. VB

Signed this 4th day of August, 2004.

Signature of all general partners:


General Partner

General Partner


General Partner

General Partner

General Partner

General Partner

**AFFIDAVIT OF CAPITAL CONTRIBUTIONS
FOR FLORIDA LIMITED PARTNERSHIP**

The undersigned constituting all of the general partners of _____
QUALITY REVIEW SYSTEMS LIMITED PARTNERSHIP _____.

a Florida Limited Partnership, certify:

The amount of capital contributions to date of the limited partners is \$ 0.00 _____.

The total amount contributed and anticipated to be contributed by the limited partners at this time
totals \$ 0.00 _____.

Signed this 4 day of August, 2004.

FURTHER AFFIANT SAYETH NOT.

*Under the penalties of perjury I (we) declare that I (we) have read the foregoing and know the
contents thereof and that the facts stated herein are true and correct.*

Vandana Z. Bonide
General Partner

General Partner

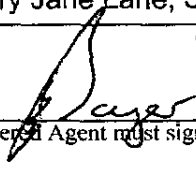
Andrea Smith
General Partner

General Partner

General Partner

General Partner

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8. Name(s) of general partner(s): _____ Street address: _____

Andrea Samuels 1093 A1A Beach Blvd PMB 257

St. Augustine, Florida 32080

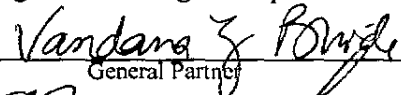
Vandana Bhide VB 155 150 Marine Street #201 VB

St. Augustine, Florida 32086 32084

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Signed this 4th day of August, 2004.

Signature of all general partners:


General Partner

General Partner


General Partner

General Partner

General Partner

General Partner