

A 04000001285

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

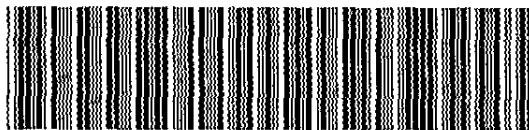
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04 AUG -3 AM 10:30

SECURITY STATE
TALLAHASSEE, FLORIDA

RECEIVED

04 AUG -3 AM 10:33

SECURITY STATE
TALLAHASSEE, FLORIDA

CORPDIRECT AGENTS, INC. (formerly CCRS)
103 N. MERIDIAN STREET, LOWER LEVEL
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

FILE SECOND!

CONTACT: KATIE WONSCH

DATE: 8/3/04

REF. #: 0262.28690

CORP. NAME: THE ALLEN FAMILY LIMITED PARTNERSHIP, LLLP

04 AUG - 3 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

- | | | |
|--|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input checked="" type="checkbox"/> OTHER: <u>LLLP</u> | | |

STATE FEES PREPAID WITH CHECK# 508988 FOR \$ 77.50

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

**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:
The J&S Allen Family Limited Partnership, LLLP

Insert limited partnership's Florida document number: _____

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:

The J&S Allen Family Limited Partnership, LLLP

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

3. The street address of its chief executive office: 9102 Lin Grove Road
(if different from current recorded address): Brooksville, Florida 34613

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:

☒ 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:

D. Michael O'Leary, Esquire

101 E. Kennedy Boulevard, Suite 2700

Tampa, Florida 33602

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 29th day of July, 2004

Signature of TWO Partners: _____

X J&S Properties, LLC
By: [Signature]
X [Signature]

Typed or printed names of partners signing above: J&S Properties, LLC, Gen. Partner
Sylvia Allen, Ltd. Partner

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

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14 AUG - 3 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA