

A04000001346

(Requestor's Name)

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(Business Entity Name)

(Document Number)

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08/18/04--01010--015 **33.75

FILED
2004 AUG 18 AM 10:17
TALLAHASSEE, FLORIDA

J. BRYAN AUG 19 2004

CORP DIRECT 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: 8/18/04

REF. #: 0672.29188

CORP. NAME: SMOKEY ENTERPRISES LIMITED, LLLP

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2004 AUG 18 AM 10:17
JULIA H. HARRIS, CLERK
TALLAHASSEE, FLORIDA

- DATE → 8/18**
- | | | |
|--|--|--|
| <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"/> TRADE MARK 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: LLLP | | |

LLP048008034-4
08/18/04 10:17:15 **33.75
VOID

STATE FEES PREPAID WITH CHECK# 509175 FOR \$ 33.75

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

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

Examiner's Initials AD 1111 81 90V 10

RECEIVED

**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:
Smokey Enterprises Limited

Insert limited partnership's Florida document number: AD4000001346
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:

Smokey Enterprises Limited, LLLP

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

3. The street address of its chief executive office: **10809 Roundview Lane**
(if different from current recorded address): **Tampa, FL 33624**

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:

F&L Corp.

One Independent Drive, Suite 1300

Jacksonville, Florida **32202**

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 17th day of August, 2004.

Signature of TWO Partners:

Emiliano L. Cabale
Matilde Y. Cabale

Typed or printed names of partners signing above: **Emiliano L. Cabale**
Matilde Y. Cabale

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

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2004 AUG 18 AM 10:17
CLERK OF THE COURT
TALLAHASSEE, FLORIDA