

AD40000001617

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TALLAHASSEE, FLORIDA

AD4-1617
QR



Gator Investments

November 8, 2004

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: **The Alchemist's Touch, LLLP**
Statement of Qualification for Florida Limited Liability Limited Partnership

Ladies and Gentlemen:

Enclosed please find a Statement of Qualification for Florida Limited Liability Limited Partnership for the Alchemist's Touch, LLLP for filing in your office, together with a check in the amount of \$77.50 to cover the cost of filing and a Certified Copy.

Once the Statement of Qualification is filed in your office, please return the Certified Copy in the enclosed, self-addressed and stamped envelope.

If you have any questions, please do not hesitate to call me at 305-949x9049 x15. Thank you in advance for your assistance.

Respectfully yours,

Julie A. Carson

cc Barbara A. Udell
Michaelene A. Manus

FILED
NOV 10 04 3:04
DIVISION OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE ALCHEMIST'S TOUCH, LLLP
(Name of Limited Partnership)

DOCUMENT NUMBER: A04000001617

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:

MICHAELENE MANUS, PH.D.
(Name of Person)

THE ALCHEMIST'S TOUCH, LLLP
(Firm/Company)

1160 WEEPING WILLOW WAY
(Address)

HOLLYWOOD, FLORIDA 33019
(and Zip Code)

For further information concerning this matter, please call:

MICHAELENE MANUS at (954) 923-5160
(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

STATE OF FLORIDA
TALLAHASSEE

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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:
THE ALCHEMIST'S TOUCH

Insert limited partnership's Florida document number: **A04000001617**

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 ALCHEMIST'S TOUCH, LLLP

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

3. The street address of its chief executive office: **1160 WEEPING WILLOW WAY**
(if different from current recorded address): **HOLLYWOOD, FLORIDA 33019**

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.

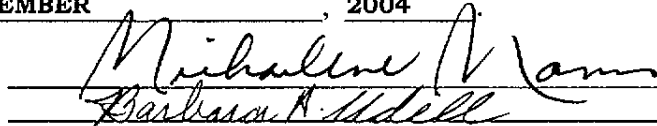
6. The effective date of this filing shall be:
☒ as of the date this document is filed with the Florida Secretary of State
or
_____ a date later than the time of filing: _____

7. The name and Florida street address of the partnership's agent for service of process:
MICHAELNE MANUS, PH.D.
1160 WEEPING WILLOW WAY
HOLLYWOOD, Florida **33019**

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 3rd day of **NOVEMBER**, 2004

Signature of TWO Partners:



Typed or printed names of partners signing above: **MICHAELNE MANUS, PH.D.**
BARBARA A. UDELL, PH.D.

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

FILED
JAN 19 PM 3:04
TALLAHASSEE, FLORIDA