

A04 000001619

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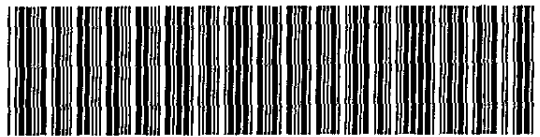
(Business Entity Name)

(Document Number)

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## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** HERRADA INVESTMENTS II, LTD.

(Name of Limited Partnership)

**DOCUMENT NUMBER:** \_\_\_\_\_

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:

RICHARD A. ALAYON

(Name of Person)

ALAYON ASSOCIATES, P.A.

(Firm/Company)

2450 SW 137TH AVENUE SUITE 221

(Address)

MIAMI, FLORIDA 33175

and Zip Code)

For further information concerning this matter, please call:

RICHARD A. ALAYON

(Name of Person)

at ( 305 ) 221-2110

(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

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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:  
**HERRADA INVESTMENTS II, LTD.**

Insert limited partnership's Florida document number: **A04000001619**  
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:

**HERRADA INVESTMENTS II, LLLP**

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

3. The street address of its chief executive office: **1500 W. 21 STREET**  
(if different from current recorded address): **MIAMI BEACH, FLORIDA 33140**

4. The street address of principal office in Florida: **1500 W. 21 STREET**  
(if different from above) **MIAMI BEACH, FLORIDA 33140**

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:

**A & A REGISTERED AGENTS**

**2450 SW 137 AVENUE SUITE 221**

**MIAMI**, Florida **33175**

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 **13<sup>th</sup>** day of **OCTOBER**, **2004**

Signature of TWO Partners:

*Andres Herrada*  
*Pedro Herrada*

Typed or printed names of partners signing above: **ANDRES and PEDRO HERRADA as**  
**Managers of GP and Individually**

Filing Fee: \$25.00

Certified Copy (optional): \$52.50

Certificate of Status (optional): \$8.75

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