A04000001620

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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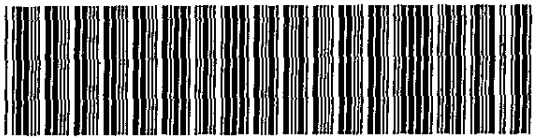

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A04-1620
GA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **HERRADA INVESTMENTS III, 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 at (**305**) **221-2110**
(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

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TALLAHASSEE, FLORIDA

INHS66(9/03)

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 III, LTD.

Insert limited partnership's Florida document number: A04000001620
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 III, 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:
X 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**

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TALLAHASSEE, FLORIDA

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 **OCTOBER**, **2004**.

Signature of TWO Partners: X [signature] X [signature]

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