Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H04000247085 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover ISION OF CORPORATION sheet.

To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name

: EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255

: (305)634-3694

Fax Number : (305)633-9696

LIMITED PARTNERSHIP AMEN

GOLFVIEW, LLP

0
0
02
\$52.50

DEC-12-5004

@H04000247085

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:	
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:	
Golfriew, LLLA Florida Lived Liability Limited Partices	μφ
3. The street address of its chief executive office: Z87-5 U.E. 19157572427. SOUTC (If different from nument recorded address): 400-8, 84147010, F133180	
4. The street address of principal office in Plorida:	
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:	or one
7. The name and Florida street address of the partnership's agent for service of process: ORISCIES A DETERMINEDO ST. HERY WOOD Florida 33020	
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 PTh day of December 7004 Signature of TWO Partners:	
Typed or printed names of partners signing above: Carcelo Saicelo	

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

LINU/10/0347085