

A04 000002089

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

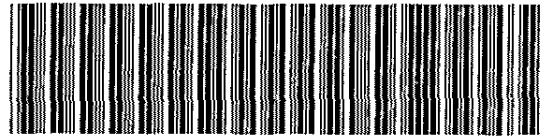
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TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Copeland Family Limited Partnership
(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:

Andrew J. Decker, III, Esquire
(Name of Person)

Andrew J. Decker, III, P.A.
(Firm/Company)

Post Office Drawer 1288
(Address)

Live Oak, Florida 32064
and Zip Code)

For further information concerning this matter, please call:

Andrew J. Decker, III, Esquire at (386) 364-4440
(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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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 Copeland Family Limited Partnership

Insert limited partnership's Florida document number: A04 00000 2089
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 Copeland Family LLP

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

3. The street address of its chief executive office: **17692 County Road 137**
(if different from current recorded address): **Wellborn, Florida 32094**

4. The street address of principal office in Florida: **17692 County Road 137**
(if different from above) **Wellborn, Florida 32094**

5. The limited partnership hereby elects to be a limited liability limited partnership.

6. The effective date of this filing shall be:

XXX 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:

Johnny C. Copeland

17692 County Road 137

Wellborn, Florida **32094**

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 14th day of October, 2004

Signature of TWO Partners:

Johnny C. Copeland
Glenda Akins Copeland

Typed or printed names of partners signing above: **Johnny Carroll Copeland**
Glenda Akins Copeland

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

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