

A05000000089

(Requestor's Name)

David M. Presnick  
Amari & Theriac, P.A.  
96 Willard Street, Suite 302  
Cocoa, Florida 32922

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

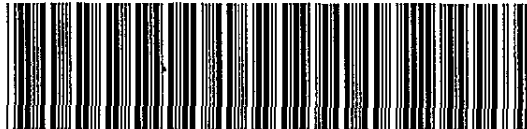
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LAW OFFICES  
**AMARI & THERIAC, P.A.**  
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Cocoa, Florida 32923-1807  
Telephone (321) 639-1320  
Fax (321) 639-6690

May 12, 2005

Secretary of State  
Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314

RE: **PHITEX, LTD.**

Dear Sir or Madam:

Enclosed for filing is the original and one copy of the Statement of Qualification as a LLLP for the above referenced limited partnership and my check in the amount of \$25.00 to cover its filing fee.

If you have any questions concerning the foregoing, please call me at 321-639-1320.

Sincerely,

  
David M. Presnick

Enclosure as stated  
cc: David L. Dickinson



**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: **PHITEX, LTD.**

Insert limited partnership's Florida document number: A05000000089.

or

Attach certificate of limited partnership, affidavit of capital contributions and applicable limited partnership filing fees.

2. Suffix adopted for the above named partnership: LLLP

"Registered Limited Liability Partnership," "Limited Liability Partnership," "R.L.L.P.," "L.L.P.," "RLLP," or "LLP")

3. The street address of its chief executive office:

Street: 96 Willard Street, Suite 101

City/State: Cocoa, Florida 32922

4. The street address of principal office in Florida:

Street: 96 Willard Street, Suite 101

City/State: Cocoa, Florida 32922

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:

David L. Dickinson

96 Willard Street, Suite 101

Cocoa, Florida 32922

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 12<sup>th</sup> day of May, 2005.

Signature of TWO Partners: \_\_\_\_\_

Typed or printed names of

David L. Dickinson, Manager of General Partner, Phitex Management, LLC

partners signing above:

David L. Dickinson, Limited Partner

Filing Fee: \$25.00

Certified Copy (optional) \$52.50

Certificate of Status (optional) \$8.75