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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A05-495
DA

ALAYON & ASSOCIATES, P. A.

ATTORNEYS AND COUNSELORS AT LAW
A PROFESSIONAL ASSOCIATION

RICHARD ALAN ALAYON (N.Y., FL., FED. SO. DIST, 11TH CIR & T.C.)
ISABEL RODRIGUEZ-OJEA (FL. & FED.)
MADELINE PALENZUELA (FL.)

GARY S. BROOKS (FL. & FED.)*

WILLOW S. FUENTES (LAW CLERK)

*OF COUNSEL

REPLY TO: X

4551 PONCE DE LEON BLVD.
CORAL GABLES, FLORIDA 33146
TEL: (305) 221-2110
FAX: (305) 221-5321

INGRAHAM BLDG., STE. 1135
25 SOUTHEAST 2ND AVENUE
MIAMI, FLORIDA 33131-1506
TEL. (305) 373-5444

March 7, 2005

Ms. Gretchen Harvey
State of Florida, Division of Corporations
Registration Section
409 East Gaines Street
Tallahassee, Florida 32399

**Re: JAL Investments, LLLP;
JAL Investments, Ltd.; and
JAL Investments, Inc.**

Dear Gretchen:

Enclosed please find the following:

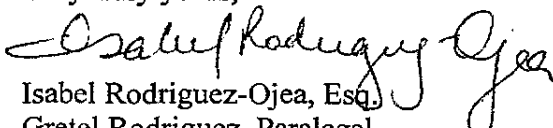
1. Certificate of Limited Partnership for JAL Investments, Ltd.;
2. Check in the amount of \$157.50 for the filing of the Partnership;
3. Articles of Incorporation for JAL Investments, Inc.;
4. Check in the amount of \$78.75 for the filing of JAL Investments, Inc.;
5. Statement of Qualification for JAL Investments, LLLP; and
6. Check in the amount of \$25.00 for the filing of JAL Investments, LLLP.

Please provide us with a certificate of Good Standing for the corporation and the limited partnerships. PLEASE SEND ME THE ORIGINALS VIA FEDERAL EXPRESS WITH THE ENCLOSED FEDERAL EXPRESS AIRBILL FOR WEDNESDAY DELIVERY

Should you require any further information, please do not hesitate to contact our offices.

As always, thank you for your help in this matter.

Very truly yours,


Isabel Rodriguez-Ojea, Esq.
Gretel Rodriguez, Paralegal

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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:
JAL Partnership Investments, Ltd.

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:

JAL Partnership Investments, LLLP

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

3. The street address of its chief executive office: **3601 S.W. 136 Avenue**
(if different from current recorded address): **Miramar, Florida 33027**

4. The street address of principal office in Florida: _____
(if different from above) _____

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 Agent, Inc.

4551 Ponce de Leon, Blvd.

Coral Gables, Florida **33146**

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 **9th** day of **March**, **2005**

Signature of TWO Partners:

Jorge Ariel Lopez President of JAL Partnership
Jorge Ariel Lopez Individually.

Typed or printed names of partners signing above: **Jorge Ariel Lopez, President of JAL Partnership Investments, Inc.**
Jorge Ariel Lopez, Individually

Filing Fee: \$25.00

Certified Copy (optional): \$52.50

Certificate of Status (optional): \$8.75

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TALLAHASSEE, FLORIDA

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