

A05000000520

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

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CLERK OF STATE  
JAMES L. WALLAHASSEE, FLORIDA

## ATTORNEYS' TITLE

Requestor's Name

1965 Capital Circle NE, Suite A

Address

Tallahassee, FL 32308

City/St/Zip

850-222-2785

Phone #

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TALLAHASSEE, FLORIDA

### CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1- MADANY & AKRUK, LLLP

2-

3-

4-

☒ Walk-in

☐ Pick-up time ASAP

☒ Certified Copy

☐ Mail-out

☐ Will wait

☐ Photocopy

☒ Certificate of Status

#### NEW FILINGS

<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

#### AMENDMENTS

<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

#### OTHER FILINGS

<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

#### REGISTRATION/QUALIFICATION

<input type="checkbox"/>	Foreign
<input checked="" type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

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 is: **MADANY & AKRUK, Limited Partnership.**

Limited Partnership's Florida document number: A05000000520

2. The complete name of the entity after filing Statement of Qualification shall be: **MADANY & AKRUK, LLLP**

3. The street address of its chief executive office:

72 Maple Lane  
Newtown PA 18940

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

980 Cape Marco Dr. *Monterrey Bldg - unit 908*  
Marco Island FL 34145

5. The limited partnership hereby elects to be a limited liability limited partnership.
6. The effective date of this filing shall be shall be the date this document is filed with the Florida Secretary of State
7. The name and Florida street address of the partnership's agent for service of process:

Salvatori & Wood, P.L.  
4001 Tamiami Trail North, Suite 330  
Naples, FL 34103

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 25<sup>th</sup> day of February, 2005.

Signature of TWO Partners:

Bahij H. Madany, M.D.  
Bahij H. Madany, M.D.

Samir R. Akruk, M.D.  
Samir R. Akruk, M.D.

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