

A05000000882

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

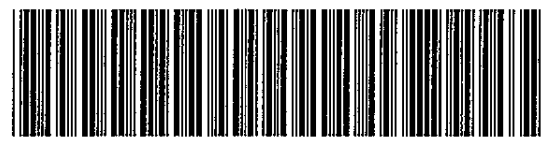
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05 MAY -9 PM 1:07
SECRETARY OF STATE
TALLAHASSEE FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ACS I LIMITED PARTNERSHIP
(Name of Limited Partnership)

DOCUMENT NUMBER: W 800049586438

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:

ROBERT CAMBO
(Name of Person)

ALLIANCE COMPANIES
(Firm/Company)

2977 MCFARLANE RD. SUITE 303
(Address)

COCONUT GROVE FL 33133
and Zip Code)

For further information concerning this matter, please call:

ROBERT CAMBO
(Name of Person)

at (305) 500 9440
(Area Code & Daytime Telephone Number)

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TALLAHASSEE FLORIDA

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

**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:

ACS I LIMITED PARTNERSHIP

Insert limited partnership's Florida document number: A05000000882
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:

ACS I, LLLP

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

3. The street address of its chief executive office:
(if different from current recorded address):

2977 McFarlane Road
Suite 303
Coconut Grove, FL 33133

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:

☒ 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:

ROBERT L. CAMBO
2977 McFarlane Road Suite 303
COCONUT GROVE, Florida 33133

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TALLAHASSEE, FLORIDA

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 4th day of MAY, 2005

Signature of TWO Partners:

Robert L. Cambo
Jonathan Hage

Typed or printed names of partners signing above:

ROBERT CAMBO
JONATHAN HAGE

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