

A05000000981

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

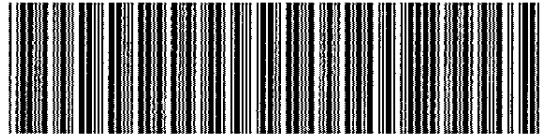
(Document Number)

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

Special Instructions to Filing Officer:

SK

Office Use Only



200051870242

05/18/05--01001--013 \*\*25.00

FILED  
05 MAY 17 AM 10:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
05 MAY 17 PM 4:27  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

05 MAY 17 AM 10:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

Capitol Services, Inc.

2750 Old St. Augustine Rd., N-145

Tallahassee, FL 32301

(850) 878-4734  
Kathi or Brent

**FILED**  
05 MAY 17 AM 10:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):**

1. Valhalla Capital Partners, LLP  
(Corporation Name) (Document #)
2. Valhalla Capital Partners Limited Partnership AOS-0981  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in

☒ Pick up time 5/17/05

☐ Certified Copy

☐ Mail Out

☐ Will wait

☒ Photocopy *Step*

☐ Certificate of Status

**NEW FILINGS**

- ☒ Profit  
☐ Not for Profit  
☒ Limited Liability  
☐ Domestication  
☐ Other

**AMENDMENTS**

- ☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

**OTHER FILINGS**

- ☐ Annual Report  
☐ Fictitious Name

**REGISTRATION/QUALIFICATION**

- ☐ Foreign  
☒ Limited Partnership *LLP, AOS*  
☐ Reinstatement  
☐ Trademark  
☐ 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:  
Valhalla Capital Partners Limited Partnership

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:

Valhalla Capital Partners, L.L.L.P.  
(Must include LLLP or L.L.L.P.)

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

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:

John M. Compton  
1819 Main St., Suite 610  
Sarasota, Florida 34236

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 16<sup>th</sup> day of May, 2005

Signature of TWO Partners:

K. D. White, Trustee  
K. D. White

Typed or printed names of partners signing above: Kendrick D. White, Trustee  
Kendrick D. White

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

05 MAY 17 AM 10:13  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA