

A05000001017

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

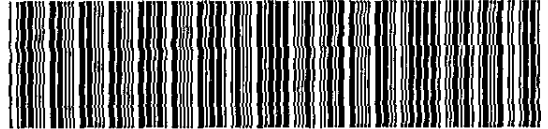
(Document Number)

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05 MAY 20 AM 10:43
DIVISION OF CORPORATION

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TALLAHASSEE, FLORIDA



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CORPORATION NAME (S) AND DOCUMENT NUMBER (S):

Lucy Street Shops, Ltd., LLLP

(FILE SECOND)

Filing Evidence

- ☐ Plain/Confirmation Copy
- ☒ Certified Copy

Retrieval Request

- ☐ Photocopy
- ☐ Certified Copy

Type of Document

- ☐ Certificate of Status
- ☐ Certificate of Good Standing
- ☐ Articles Only
- ☐ All Charter Documents to Include Articles & Amendments
- ☐ Fictitious Name Certificate
- ☐ Other

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non Profit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input checked="" type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of RA Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Reports
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation
<input type="checkbox"/>	Reinstatement

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

May 20, 2005
OFFICE OF STATE
TALLAHASSEE, FLORIDA
FILED

**STATEMENT OF QUALIFICATION FOR
FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP**

1. The name of the limited partnership in the records of the Florida Department of State:
LUCY STREET SHOPS, 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:
LUCY STREET SHOPS, LTD., LLLP.

3. The street address of its chief executive office: **Same as Recorded Address**
(if different from recorded address): _____

4. The street address of principal office in Florida: **Same as above.**
(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 of the Florida street address of the partnership's agent for service of process:
William H. Albornoz, Esq.
901 Ponce De Leon Blvd., Suite 603
Coral Gables, FL 33134

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 17th day of May, 2005.

Signatures of TWO Partners:



Juan Osorno



Luis Henao

Typed or printed names of partners Juan Osorno and Luis Henao as Managers of Lucy Street Shops, LLC, Partner and as Managers of Lucy Street Investors, LLC, Partner

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