

A05000001165

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

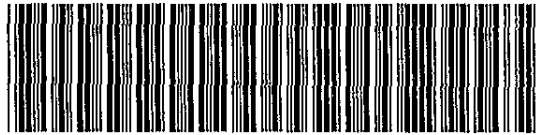
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2005 JUN 22 AM 10:24
JULIA L. JOHNSON
TALLAHASSEE, FLORIDA

J. B. JOHNSON JUN 23 2005

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BCOM- Presidential , Ltd.
(Name of Limited Partnership)

DOCUMENT NUMBER: A05000001165

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:

Aslan Palachi

(Name of Person)

BCOM, Inc.

(Firm/Company)

1200 Brickell Avenue, Suite 1720

(Address)

Miami, FL 33131

(and Zip Code)

For further information concerning this matter, please call:

Aslan Palachi

(Name of Person)

at (305) 375-0090

(Area Code & Daytime Telephone Number)

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

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**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:
BCOM -Presidential, Ltd.

Insert limited partnership's Florida document number: **A05000001165**

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:

BCOM-Presidential ,LLLP

(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:

~~XXXX~~ 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:

Aslan Palachi c/o BCOM , INC

1200 Brickell Avenue, Suite 1720

Miami, Florida **33131**

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 **21** day of **June**, **2005**

Signature of TWO Partners:

Typed or printed names of partners signing above: **Jeff Palachi**

Aslan Palachi

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

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CLERK OF COURT
TALLAHASSEE, FLORIDA