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(City/State/Zip/Phone #)

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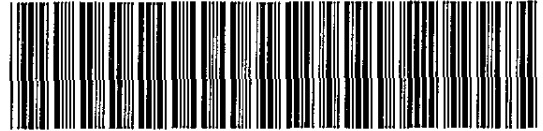
(Business Entity Name)

(Document Number)

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A05-1509
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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bosque, LLLP
(Name of Limited Partnership)

DOCUMENT NUMBER: _____

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:

Edward T. Yevoli, Esq.

(Name of Person)

Perlman, Yevoli & Albright, P.L.

(Firm/Company)

1500 North Federal Highway, Suite 250

(Address)

Fort Lauderdale, Florida 33304

(and Zip Code)

For further information concerning this matter, please call:

Edward T. Yevoli, Esq.

(Name of Person)

at (954) 566 - 7117

(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

FILED
JUL 26 PM 12:13
TALLAHASSEE FLORIDA
SECRETARY OF STATE

**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:
Bosque, LLLP

Insert limited partnership's Florida document number: A05-1509
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:

Bosque, LLLP

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

3. The street address of its chief executive office: 50 Ocean Lane Drive
(if different from current recorded address): #202
Key Biscayne, Florida 333149

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:
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 and Florida street address of the partnership's agent for service of process:
Perlman, Yevoli & Albright, P.L. c/o Edward T. Yevoli, Esq.
1500 North Federal Highway, Suite 250
Fort Lauderdale, Florida 33304

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 21st day of July, 2005.

Signature of TWO Partners:

Typed or printed names of partners signing above: Juan C. Paredes, Tee of the Juan C. Paredes Rev Trust DTD July 21, 2005
Maria del Pilar Solano, Tee of the Maria del Pi Solano Rev. Trust DTD July 21, 2005

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