

ADS 00001691

(Requestor's Name)

3201 NE 183rd St.

(Address)

Aventura, Fl. 33160

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ella Elegant 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:

Joni Walko
(Name of Person)

25

ELLA ELEGANT LLLP
(Firm/Company)

3201 NE 183rd Street
(Address)

Aventura, Florida 33160
and Zip Code)

For further information concerning this matter, please call:

David Lipka at (303) 771-1040 Ext 2
(Name of Person) (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

**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:
Ella Elegant LLLP

Insert limited partnership's Florida document number: A05000001691
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:

Ella Elegant LLLP

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

3. The street address of its chief executive officer: 3201 NE 183RD STREET #2308
(if different from current recorded address): AVENTURA, FL 33160

4. The street address of principal office in Florida: 3201 NE 183RD STREET
(if different from above): AVENTURA, FL 33160

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:

Joni Walko

3201 NE 183rd Street, Aventura, Florida 33160

Aventura Florida 33160-2955

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 26 day of August, 2005

Signature of TWO Partners:

Typed or printed names of partners signing above: Joni Walko

JBSON WALKO

Filing Fee: \$25.00

Certified Copy (optional): \$52.50

Certificate of Status (optional): \$8.75

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