

AO 5000001881

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

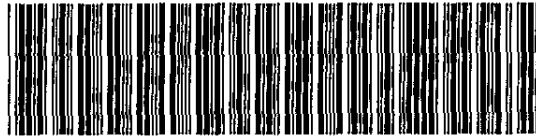
(Business Entity Name)

(Document Number)

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05 OCT 10 AM 11:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
DIVISION OF CLERK OF COURT

ATTORNEYS' TITLE

Requestor's Name

1965 Capital Circle NE, Suite A

Address

Tallahassee, FL 32308

City/St/Zip

850-222-2785

Phone #

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

1- NRE OF INDIAN RIVER, LTD., LLLP

2-

3-

4-

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

☒ Walk-in

☐ Pick-up time ASAP

☒ Certified Copy

☐ Mail-out

☐ Will wait

☐ Photocopy

☒ Certificate of Status

NEW FILINGS

<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS

<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS

<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION

<input type="checkbox"/>	Foreign
<input checked="" type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

**STATEMENT OF QUALIFICATIONS FOR
FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP
OF
NRE OF INDIAN RIVER, LTD., LLLP
(Document Number A050000018k1)**

The undersigned General Partner hereby executes and acknowledges this Statement of Qualification for Florida Limited Liability Limited Partnership for the purpose of forming a limited liability limited partnership under Chapter 620, Florida Statutes, entitled, "Florida Revised Uniform Limited Partnership Act" and has attached hereto the Certificate of Limited Partnership and Affidavit of Capital Contributions.

The complete name of the entity filing this Statement of Qualification shall be:

NRE OF INDIAN RIVER, LTD., LLLP

The address of its chief executive office and principal office shall be:

800 8th Street
Vero Beach, FL 32962

The limited partnership hereby elects to be a limited liability limited partnership

The effective date of this filing shall be as of the date this document is filed with the Florida Secretary of State.

The address of the principal office and mailing address shall be:

800 8th Street
Vero Beach, FL 32962

The name and address of the Registered Agent of this Limited Partnership shall be:

JOHN G. EVANS, ESQUIRE
1565 US Highway 1
Sebastian, FL 32958

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 7 day of October, 2005.

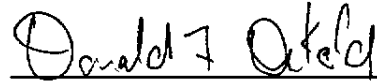
GENERAL PARTNER

**REAL ESTATE & MANAGEMENT
GROUP, INC., a Florida corporation**

By: William B. Mills
WILLIAM B. MILLS, President

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TALLAHASSEE, FLORIDA

LIMITED PARTNER



DONALD F. DeKOLD, Co-Guardian
of EVELYN NEVILLE, the Ward