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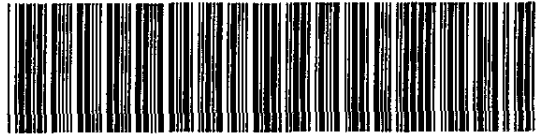
(Business Entity Name)

(Document Number)

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AOS-2202  
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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SLECH International LLP  
(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:

VIVIANA I.R. FLOMBAUM  
(Name of Person)

SLECH INTERNATIONAL LLP  
(Firm/Company)

7652 Sugar Bend Dr.  
(Address)

Orlando FL 32819  
(City/State and Zip Code)

For further information concerning this matter, please call:

V. R. FLOMBAUM at (407) 235 4217  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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**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:

SLECH INTERNATIONAL, LLLP

Insert limited partnership's Florida document number: A05-2202

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:

SLECH INTERNATIONAL LLLP

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

3. The street address of its chief executive office:  
(if different from current recorded address):

7652 Sugar Bend Drive.  
Orlando 32819 FL.

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:

☒ 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:

7652 Sugar Bend Drive

Orlando, Florida 32819

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 5<sup>th</sup> day of December, 2005

Signature of TWO Partners:

[Signature]  
[Signature]

Typed or printed names of partners signing above:

J. R. FLOMBAUM  
R. A. FLOMBAUM

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