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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TO: Registration Section
Division of Corporations

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: Jerry Wallace Concepts, 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:

Michael R. Leininger

(Name of Person)

Dowd Law Firm, P.A.

(Firm/Company)

285 Harbor Blvd., Suite A

(Address)

Destin, FL 32541

(City/State and Zip Code)

For further information concerning this matter, please call:

Michael R. Leininger

(Name of Person)

at (850) 650-2202

(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

**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:

Jerry Wallace Concepts, LLLP

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Insert limited partnership's Florida document number: _____
or

Attach certificate of limited partnership, affidavit of capital contributions and applicable limited partnership filing fees.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. The complete name of the entity after filing Statement of Qualification shall be:

Jerry Wallace Concepts, LLLP

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

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

763-5 Highway 98 East

Destin, FL 32541

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:

John R. Dowd, Jr.

285 Harbor Blvd., Suite A

Destin Florida 32541

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 8TH day of DEC., 2005

Signature of TWO Partners:

Typed or printed names of partners signing above:

The Jerry L. Wallace Companies, LLLP

Jerry Wallace Dealmakers, LLC

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