

A94000001146

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

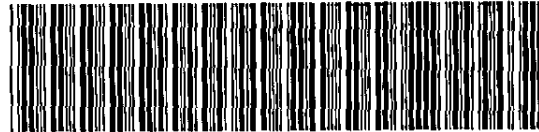
(Document Number)

Certified Copies _____ Certificates of Status _____

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06/07/05--01050--004 **25.00

RECEIVED
05 JUN -7 AM 11:50
DIVISION OF CORPORATION

FILED
05 JUN -7 AM 9:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TAL CONNECTION, INC.

ginia Street, Suite 1 • Tallahassee, Florida 32301
8870 • 1-800-342-8062 • Fax (850) 222-1222

FILED
05 JUN -7 AM 9:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amrhein Family LP

- ☒ Art of Inc. File
- ☒ LTD Partnership File *Qualification*
- ☐ Foreign Corp. File
- ☐ L.C. File
- ☐ Fictitious Name File
- ☐ Trade/Service Mark
- ☐ Merger File
- ☐ Art. of Amend. File
- ☐ RA Resignation
- ☐ Dissolution / Withdrawal
- ☐ Annual Report / Reinstatement
- ☒ Cert. Copy
- ☒ Photo Copy
- ☐ Certificate of Good Standing
- ☐ Certificate of Status
- ☐ Certificate of Fictitious Name
- ☐ Corp Record Search
- ☐ Officer Search
- ☐ Fictitious Search
- ☐ Fictitious Owner Search
- ☐ Vehicle Search
- ☐ Driving Record
- ☐ UCC 1 or 3 File
- ☐ UCC 11 Search
- ☐ UCC 11 Retrieval

Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

Courier

**STATEMENT OF QUALIFICATION FOR
FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP**

FILED
05 JUN -7 AM 9:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of the limited partnership as identified in the records of the Florida Department of State
AMRHEIN FAMILY LIMITED PARTNERSHIP

Insert limited partnership's Florida document number: A94000001146

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:

AMRHEIN FAMILY LIMITED PARTNERSHIP, L.L.P.

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

3. The street address of its chief executive office: _____

(if different from current recorded address): _____

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:

JAMES A. AMRHEIN

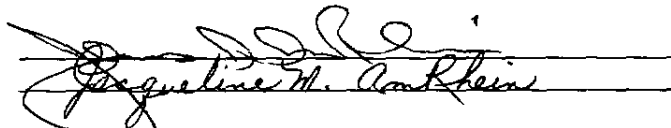
575 ECON RIVER PLACE

OVIEDO, Florida 32765

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 6TH day of JUNE, 2005.

Signature of TWO Partners:



Typed or printed names of partners signing above:

JAMES A. AMRHEIN

JACQUELINE M. AMRHEIN

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