

A95000000212

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

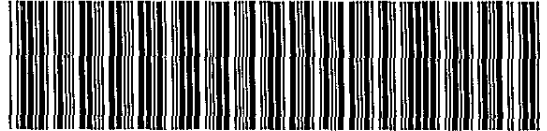
(Business Entity Name)

(Document Number)

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*BR*

RECEIVED  
03 APR 24 PM 4:11  
DIVISION OF CUSTOMER SERVICE

FILED  
03 APR 24 PM 4:56  
STATE OF FLORIDA  
TALLAHASSEE

CORPDIRECT AGENTS, INC. (formerly CCRS)  
103 N. MERIDIAN STREET, LOWER LEVEL  
TALLAHASSEE, FL 32301  
222-1173

FILING COVER SHEET  
ACCT. #FCA-14

CONTACT: CINDY  
DATE: 4-24-03  
REF. #: 0672.14717  
CORP. NAME: J&S OF BRANDON LIMITED PARTNERSHIP

FILED  
03 APR 24 PM 4: 56  
STATE  
TALLAHASSEE, FLORIDA

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION                                      | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT  | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME         |
| <input type="checkbox"/> FOREIGN QUALIFICATION  | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input type="checkbox"/> LIMITED LIABILITY       |
| <input type="checkbox"/> REINSTATEMENT  | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL              |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION                                    | <input type="checkbox"/> UCC-1                  | <input type="checkbox"/> UCC-3                   |
| <input checked="" type="checkbox"/> OTHER: <u>LIMITED LIABILITY LIMITED PARTNERSHIP</u> |   |  |

STATE FEES PREPAID WITH CHECK# 1425 FOR \$ 33.75

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

\_\_\_\_\_ COST LIMIT: \$ \_\_\_\_\_

PLEASE RETURN:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> CERTIFIED COPY                   | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input checked="" type="checkbox"/> CERTIFICATE OF STATUS |   |  |

Examiner's Initials

**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:

J&S OF BRANDON LIMITED PARTNERSHIP

Insert limited partnership's Florida document number: A95000000212

or

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

2. Suffix adopted for the above named partnership: LLLP

(LLLP, L.L.L.P.)

3. The street address of its chief executive office: N/A

(if different from current recorded address):

4. The street address of principal office in Florida: N/A

(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:

JEFFREY D. WARTMAN

3805 South Nine Drive

Valrico, Florida 33594

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 18<sup>th</sup> day of April, 2003

Signature of TWO Partners:

X S. Ishak (Salam Ishak)  
X J. Wartman

Typed or printed names of partners signing above:

Salam Ishak

Jeffrey D. Wartman

Filing Fee: \$25.00

Certified Copy (optional): \$52.50

Certificate of Status (optional): \$8.75