

A95000000802

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

A95-802

(Document Number)

Certified Copies

1

Certificates of Status

Special Instructions to Filing Officer:

12/27

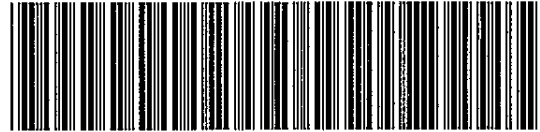
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SEAL OF STATE  
TALLAHASSEE FLORIDA



# FOWLER WHITE BOGGS BANKER

ATTORNEYS AT LAW

ESTABLISHED 1943

December 22, 2005

Corporate Records Bureau  
Division of Corporations  
Department of State  
Post Office Box 6327  
Tallahassee, Florida 32314

Re: Fred & Astrid Alessi Enterprises, Ltd.

Dear Sir/Ma'am:

Enclosed please find original Statement of Qualification for Florida Limited Liability Limited Partnership for the above-captioned limited partnership, along with our firm check in the amount of \$77.50 to cover the following:

|                    |              |
|--------------------|--------------|
| Filing Fee         | \$ 25.00     |
| Certified Copy Fee | <u>52.50</u> |
|                    | \$ 77.50     |

We would appreciate your filing the Statement, certifying a copy, and returning the certified copy to us.

Thank you for your assistance.

Sincerely,

  
E. Jackson Boggs

EJB\dlr  
Enclosures

#1788157v1

FOWLER WHITE BOGGS BANKER P.A.

TAMPA • ST. PETERSBURG • FORT MYERS • TALLAHASSEE • ORLANDO • NAPLES • WEST PALM BEACH • BONITA SPRINGS • JACKSONVILLE

501 EAST KENNEDY BLVD., SUITE 1700 • TAMPA, FLORIDA 33602 • P.O. BOX 1438 • TAMPA, FL 33601

**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:

Fred & Astrid Alessi Enterprises, Ltd.

Insert limited partnership's Florida document number: A95000000802  
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:

Fred & Astrid Alessi Enterprises, LLLP

(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:

☒ 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:

Alfred S. Alessi

4701 West Comanche Avenue

Tampa, Florida 33614

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 16th day of December, 2005

Signature of TWO Partners:

Typed or printed names of partners signing above:

Alfred S. Alessi

Astrid Alessi

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

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA