A95000000802

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

A95-802

(Document Number)

Certified Copies 1 Certificates of Status _____

Special Instructions to Filing Officer:

D/27 LLLP Qual

D2899 Ack

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M. HODGES

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05 DEC 27 AM 11:44
SECRETARY 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	52.50
	$ 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\dlt
Enclosures

#1788157v1

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

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TALLAHASSEE FLORIDA

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

INHS66 (8/05)