

26.25

State Research

A 97000002722

Requester Name  
Address  
City/State/Zip Phone #

Office Use Only

FILED  
SECRETARY OF CORPORATIONS  
00 AUG 21 PM 3:24

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. DmCD Associates, Ltd LLLP  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. LP-25.W  
(Corporation Name) (Document #)  
200003366372--3  
-08/21/00--01119--012  
\*\*\*\*258.75 \*\*\*\*\*86.25

CERT 61.25  
4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in ☐ Pick up time  
☐ Mail out ☐ Will wait ☐ Photocopy

☒ Certified Copy  
☒ Certificate of Status

RECEIVED  
00 AUG 21 AM 10:59

NEW FILINGS

☐ Profit  
☐ Not for Profit  
☒ Limited Liability  
☐ Domestication  
☐ Other

AMENDMENTS

☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

OTHER FILINGS

☐ Annual Report  
☐ Fictitious Name

REGISTRATION/QUALIFICATION

☐ Foreign  
☒ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

Handwritten signature

Examiner's Initials

STATEMENT OF QUALIFICATION FOR  
FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP

FILED  
DIVISION OF CORPORATIONS  
000 AUG 21 PM 3:24

1. The name of the limited partnership as identified in the records of the Florida Department of State  
DMCD ASSOCIATES, LTD.

Insert limited partnership's Florida document number: A97000002722

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: 8725 N.W. 18 Terrace  
(if different from current recorded address): Suite 206  
Miami, FL 33172

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:

Douglas, Paul  
8725 N.W. 18 Terrace, Suite 204  
Miami Florida 33172

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 17th day of August

Signature of TWO Partners:

Paul Douglas  
Paul Douglas

Typed or printed names of partners signing above: Vertical Development, Inc., General Partner,  
Paul Douglas, President  
P. Douglas, INC., Limited Partner,  
Paul Douglas, President

Filing Fee: \$25.00

Certified Copy (optional): \$52.50

Certificate of Status (optional): \$8.75