

CORP DIRECT AGENTS, INC. (Formerly CCA)
103 N. MERIDIAN STREET, LOWE BUILDING
TALLAHASSEE, FL 32301
222-1173

A98000000572

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: CINDY HICKS

DATE: 1-22-02

REF. #: 0672. 4551

CORP. NAME: Sever Family Limited Partnership

FILED
02 JAN 22 PM 3:52
SECRETARY OF 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 |

☒ OTHER: Qualification for L L P

STATE FEES PREPAID WITH CHECK# _____ FOR \$ _____

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED: **DK**

_____ COST LIMIT: \$ _____

PLEASE RETURN:

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

Examiner's Initials

RECEIVED
02 JAN 22 AM 10:17
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS
SECRETARY OF STATE

600004789856--8
-01/22/02--01097--012
*****33.75 *****33.75
☒ PLAIN STAMPED COPY

STATEMENT OF QUALIFICATION FOR
FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP

FILED
JAN 22 2002
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of the limited partnership as identified in the records of the Florida Department of State:
Sever Family Limited Partnership

Insert limited partnership's Florida document number: A98000000572

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
(LLP, 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: _____.

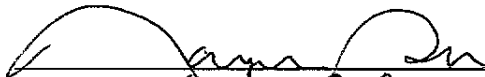
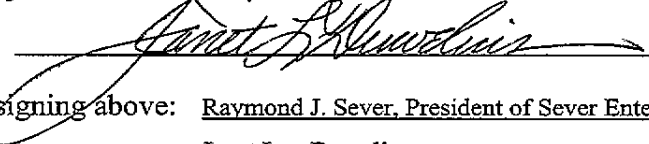
7. The name and Florida street address of the partnership's agent for service of process:

Raymond J. Sever
1012 North Riverhills Drive
Temple Terrace, Florida 33617

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 10 day of January, 2002.

Signature of TWO Partners:

Typed or printed names of partners signing above: Raymond J. Sever, President of Sever Enterprises, Inc.
Janet Lyn Duwelius

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