

# A980000001755

Requester's Name

MSDP, LTD.

P.O. BOX 7188

JUPITER, FL 33468

City/State/Zip

Phone #

Office Use Only

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

1. MSDP, L.L.P.

(Corporation Name)

(Document #)

100005254161--1

-04/11/02--01056--013

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2. \_\_\_\_\_

(Corporation Name)

(Document #)

3. \_\_\_\_\_

(Corporation Name)

(Document #)

4. \_\_\_\_\_

(Corporation Name)

(Document #)

☐ Walk in

☐ Pick up time \_\_\_\_\_

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

**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

02 APR 11 PM 2:58  
SECRETARY OF STATE  
TAMM AHAASSE, FLORIDA

APPROVED  
AND  
FILED

Examiner's Initials

JB  
4-15-02

**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:

MSDP, LTD

Insert limited partnership's Florida document number: A 98000001755

or

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

2. Suffix adopted for the above named partnership: MSDP, L.L.L.P.

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

3. The street address of its chief executive office: 21010 Natures Way

(if different from current recorded address):

Palm Beach Gardens, FL 33410

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:

Michael Sands

21010 Natures Way

Palm Beach Gardens Florida 33410

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02 APR 11 PM 2:58

APPROVED  
AND  
FILED

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 24 day of March, 2002

Signature of TWO Partners:

Michael Sands  
Denise Sands

Typed or printed names of partners signing above:

Michael Sands  
Denise Sands

✓ Filing Fee: \$25.00

Certified Copy (optional): \$52.50

✓ Certificate of Status (optional): \$8.75