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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BK

AUSLEY & McMULLEN

ATTORNEYS AND COUNSELORS AT LAW

227 SOUTH CALHOUN STREET
P.O. BOX 391 (ZIP 32302)
TALLAHASSEE, FLORIDA 32301
(850) 224-9115 FAX (850) 222-7560
Writer's Direct Line: (850) 425-5457

May 27, 2004

5/27

Secretary of State
409 East Gaines Street
Tallahassee, Florida 32301

FILED
04 MAY 27 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
VIA HAND DELIVERY

Re: **Mitchell Properties, LLLP**

Dear Madam/Sir:

Enclosed for filing are the original and one copy of the Statement of Qualification for Florida Limited Liability Limited Partnership of **Mitchell Properties, LLLP**. Also enclosed is this firm's check in the amount of \$77.50 for the LLLP filing fee (\$25.00) and the certified copy charge (\$52.50).

I would appreciate your calling me at 425-5457 when the certified copy is ready; and we will arrange for someone to pick it up. If you have any questions or need any additional information, please give me a call.

Thank you in advance for your usual assistance in these matters.

Sincerely,

Donna Marie Walters

Donna Marie Walters
Legal Assistant

/dmw

Enclosures

H:\TAX\RAP\Mitchell Properties\SOS ltr 05.27.04 LLLP.doc
017790.40468

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Robert A. Pierce/Donna Marie Walters
Aursley & McMullen

Requestor's Name

227 S. Calhoun Street

Address

Tallahassee, FL 32301

425-5457

City/State/Zip

Phone #

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

- | | | |
|----|----------------------------------|---------------------|
| 1. | <u>Mitchell Properties, LLLP</u> | <u>A98000002515</u> |
| | (Corporation Name) | (Document #) |
| 2. | <u></u> | <u></u> |
| | (Corporation Name) | (Document #) |
| 3. | <u></u> | <u></u> |
| | (Corporation Name) | (Document #) |
| 4. | <u></u> | <u></u> |
| | (Corporation Name) | (Document #) |

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Walk in | <input checked="" type="checkbox"/> Will pick up | <input checked="" type="checkbox"/> Certified Copy |
| <input type="checkbox"/> Mail out | <input type="checkbox"/> Will wait | <input type="checkbox"/> 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/LLLP registration
☐ Reinstatement
☐ Trademark
☐ Other

Examiner's Initials

**STATEMENT OF QUALIFICATION FOR FLORIDA OR FOREIGN
LIMITED LIABILITY LIMITED PARTNERSHIP**

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

MITCHELL PROPERTIES, LTD.

Insert limited partnership's Florida registration number: _____
or

A98000002515

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:

MITCHELL PROPERTIES, LLLP

(Must include LLLP or L.L.L.P.)

3. The street address of its chief executive office:
(if different from current recorded address)

3020 Shamrock North

Tallahassee, Florida 32309-2735

4. The street address of principal office in Florida:
(if different from above)

3020 Shamrock North

Tallahassee, Florida 32309-2735

5. This 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:

Peter B. Mitchell, Jr.

3020 Shamrock North

Tallahassee

Florida

32309-2735

The execution of this statement as a partner constitutes an affirmation under penalties of perjury that the facts stated herein are true.

Signed this 25th day of May, 2004.

Signature of TWO Partners:


Peter B. Mitchell, Jr.

Typed or printed names of partners signing above:

Peter B. Mitchell, Jr.

Melanie D. Mitchell

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