

A98000002862

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M. Culligan JUN 27 2005

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RLPL Limited Partnership

(Name of Limited Partnership)

DOCUMENT NUMBER: A98000002862

The enclosed Statement of Qualification for Florida Limited Liability Limited Partnership and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joshua G. Gerstin, Esq.

(Name of Person)

Gerstin & Associates

(Firm/Company)

1499 West Palmetto Park Rd., Suite 412, Boca Raton, FL

(Address)

33486

and Zip Code)

For further information concerning this matter, please call:

Joshua Gerstin, Esq.

(Name of Person)

at (561) 750-3456

(Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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TALLAHASSEE, FLORIDA

**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:
RLPL Limited Partnership

Insert limited partnership's Florida document number: **A98000002862**

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:

RLPL 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:

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:

Joshua Gerstin, Esq.

1499 West Palmetto Park Rd., Suite 412

Boca Raton, _____, Florida **33486**

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 **June**, **2005**

Signature of TWO Partners:

Typed or printed names of partners signing above: **ROBERT GUARINI - DRES CORP GP**
ROBERT GUARINI INDIVIDUAL

Filing Fee: \$25.00

Certified Copy (optional): \$52.50

Certificate of Status (optional): \$8.75

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TALLAHASSEE, FLORIDA