

John A. Murphy Jr.  
President & Secretary  
A99000001324

Requester's Name

222 Lakeview Ave., Suite 910

Address

WPD, FL 33401-6112

City/State/Zip

Phone #

700003510977--9  
-12/21/00--01095--001  
\*\*\*\*\*77.50

Office Use Only

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

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

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

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

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

FILED  
NOV 21 PM 5:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

☐ 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

**OTHER FILINGS**

- ☐ Annual Report
- ☐ Fictitious Name

**AMENDMENTS**

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

**REGISTRATION/QUALIFICATION**

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

A99-1324

Examiner's Initials

**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: Resources for Environmental Protection, Ltd.

Insert limited partnership's Florida document number: A99000001324

or

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

2. Suffix adopted for the above named partnership: LLP

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 are:

Joel A. Martino  
109 Ocean Terrace  
Palm Beach, Florida 33480

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 9th day of November, 2000.

JUNE MARTINO AMENDED AND RESTATED  
REVOCABLE TRUST DATED APRIL 10, 1997,  
AS FURTHER AMENDED OR RESTATED


By: \_\_\_\_\_

June Martino  
JUNE MARTINO, Trustee

FILED  
NOV 21 PM 5:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JOEL A. MARTINO AMENDED AND RESTATED  
REVOCABLE TRUST DATED OCTOBER 5, 1998,  
AS FURTHER AMENDED OR RESTATED

By:   
JOEL A. MARTINO, Trustee

  
JOHN D. MARTINO, individually

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

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00 DEC 21 PM 5:00  
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TALLAHASSEE, FLORIDA