

A99000001914

Levin, Tannenbaum, Wolff, Band,
Gates & Pugh
1680 Fruitville Road, Suite 102
Sarasota FL 34236

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-09/26/01--01058--003
*****50.00 *****25.00

Office Use Only

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

1. DARRAGH FAMILY PARTNERSHIP, LTD
(Corporation Name) (Document #)
2. _____ A99-1914
(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

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 SEP 26 PM 3:32
19/4

2p
CR2E031(7/97)
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:
Darragh Family Partnership, Ltd. However the name the limited partnership
shall use is: Darragh Family Partnership, LLP
Insert limited partnership's Florida document number: A99000001914

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
 (LLP, 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: _____

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

Richard T. Darragh
425 Webbs Cove
Osprey, Florida 34229

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 21st day of September, 2001

Signature of TWO Partners:

Mildred E. Darragh (med)
Richard T. Darragh (rtd)

Typed or printed names of partners signing above: Mildred E. Darragh
Richard T. Darragh

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