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B. KOHR

OCT 1 3 2009

EXAMINER

DIVISION OF CORPORATIONS

09 SEP 22 PH 2: 29

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

09-22-09

NAME:

QUALITYTECH LP

TYPE OF FILING: FOREIGN LP

COST:

CK FOR \$1,000 ATTACHED

RETURN:

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 22, 2009

FLORIDA FILING & SEARCH

TALLAHASSEE, FL

SUBJECT: QUALITYTECH, LP Ref. Number: W09000042508

RECEIVED

09 OCT 13 AM 10: 38

DEFAS WITH OF STATE OF VISION OF CORPORATIONS TALL AHASSEE FLORIDA

Negations 22 by 2: 29

We have received your document for QUALITYTECH, LP and your check(s) totaling \$1000.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED your \$1,000.00 payment.

The name of your limited partnership or limited liability limited partnership is not available. A foreign limited partnership or limited liability limited partnership whose name is not available must adopt an alternate name for use in the state of Florida. Please insert the alternate name in the space provided. Simply adding "of Florida" or "Florida" to the end of an entity name does not constitute a difference.

NOTE: The alternate name must contain an acceptable suffix. Acceptable limited partnership suffixes include: Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable limited liability limited partnership suffixes include: Limited Liability Limited Partnership, LLLP, or L.L.P.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr Regulatory Specialist II

Letter Number: 809A00031090

COVER LETTER

Limited Liability Limited Partnership)
and fees are submitted to register a foreign partnership to transact business in Florida. his matter to:
ngs <u>Team</u>
00
4
. •
, please call:
t (800) 345-4647 (Area Code and Daytime Telephone Number)
(Area Code and Daytime Telephone Number)
\$1,052.50 Filing Fees S1,061.25 Filing Fee, nd Certified Copy Certificate of Status
MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327 Tallahassee, FL 32314
randhassee, re-32317

SECRETARY OF STATIONS
DIVISION OF 22 PM 2: 29

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP TO TRANSACT BUSINES IN FLORIDA

_QualityTech, LP	
(Name of Limited Partnership or Limited Liability Limit	ed Partnership, which must include suffix)
Acceptable Limited Partnership suffixes: Limited Partnership Acceptable Limited Liability Limited Partnership suffixes: Li	
or LLLP.	, , , , , , , , , , , , , , , , , , ,
QualityTech of Kansa	25, LP
(If name unavailable, name under which the limited partner proposes to register to transact business in Florid.	
2. Delaware 3. Au	gust 5, 2009
(State or Country of Formation)	(Date of Formation)
4. Capitol Corporate S	Services, Inc.
(Name of Registered Agent for S	ervice of Process)
5 155 Office Plaza D	rive, Suite A
(Florida street address for Reg	istered Agent)
Tallahassee	Florida <u>32301</u>
5. I herehy accept the appointment as registered agent and a comply with the provisions of all statutes relative to the proper and I am familiar with an accept the obligations of my position. Cayle We Signature of Registere	er and complete performance of my duties, in as registered agent. Indie, Asst. Secretary on behalf of Capitol Corporate Services, In
comply with the provisions of all statutes relative to the property and I am familiar with an accept the obligations of my position of the property of the control of the property of the prop	er and complete performance of my duties, in as registered agent. Indie, Asst. Secretary on behalf of Capitol Corporate Services, In
comply with the provisions of all statutes relative to the proper and I am familiar with an accept the obligations of my position in the familiar with an accept the obligations of my position in the familiar with an accept the obligations of my position in the familiar with an accept the obligations of my position in the familiar with a familiar with an accept the obligations of my position with a familiar with an accept the obligations of my position in the familiar with an accept the obligations of my position with a familiar with an accept the obligations of my position with a familiar with an accept the obligations of my position with a familiar with an accept the obligations of my position with a familiar with an accept the obligations of my position with a familiar with an accept the obligations of my position with a familiar with an accept the obligations of my position with a familiar with an accept the obligations of my position with a familiar with a familiar with an accept the obligations of my position with a familiar with a f	er and complete performance of my duties, an as registered agent. Indle, Asst. Secretary on behalf of Capitol Corporate Services, Ind d Agent
comply with the provisions of all statutes relative to the property and I am familiar with an accept the obligations of my position of the property of the control of the property of the prop	er and complete performance of my duties, an as registered agent. Indle, Asst. Secretary on behalf of Capitol Corporate Services, Ind d Agent

Page 1 of 3

9. 12851 Foster Street, Suite 205, Overland Park, KS 66213 (Mailing address) 10. Name, principal office address, and mailing address of each general partner:			
(Name)	Overland Park, KS 66213		
M 090000037 31	100000000000000000000000000000000000000		
	(Mailing Address)		
(Name)	(Street Address)		
	(Mailing Address)		
(Name)	(Street Address)		
	(Mailing Address)		
(Name)	(Street Address)		
	(Mailing Address)		

Page 2 of 3

(Name)	(Street Address)
	(Mailing Address)
(Name)	(Street Address)
	(Mailing Address)
	The second secon
1. Effective date, if other than the date of	of filing:
(Effective date cannot be prior to filed by the Florida Department of	nor more than 90 days after the date this document is f State.)
o the delivery of this application t	stence duly authenticated, not more than 90 days prior to the Florida Department of State, by the Secretary of ody of the entity's records in the jurisdiction under the
Signed thisday	vor <u>September</u> , 20 <u>09</u> .
QualityTech op, LLC, t	the sole general partner
By: Chad L. Williams	Lilles
Title: Manager	
Filing Fees: Certified Copy (optional): Certificate of Status (optional):	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) \$52.50 \$8.75

Page 3 of 3

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "QUALITYTECH, LP" IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING

AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE

SHOW, AS OF THE FOURTEENTH DAY OF SEPTEMBER, A.D. 2009.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "QUALITYTECH, LP" WAS FORMED ON THE FIFTH DAY OF AUGUST, A.D. 2009.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

4717485 8300

090853169

AUTHENTY CATION: 7525315

DATE: 09-14-09

You may verify this certificate online at corp.delaware.gov/authver.shtml