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FILING COVER SHEET

ACCOUNT NUMBER: ECA000000014


REFERENCE: 0191-916

DATE: 11-7-97

CONTACT NAME: ~~CINDY HICKS~~ Kevin Roberts

REQUESTOR NAME: CORPORATE & CRIMINAL RESEARCH SERVICES
103 N. MERIDIAN STREET, LOWER LEVEL
TALLAHASSEE, FL 32301

TELEPHONE: 904-222-1173

AUTHORIZATION: 

CORPORATION NAME: Eken Family, Ltd.

DOCUMENT NUMBER: _____
 (if known)

FILED
 97 NOV -7 PM 12:13
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

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- | | | |
|--|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> CERT. OF AUTHORITY | <input checked="" type="checkbox"/> LIMITED PARTNERSHIP | <input type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> UCC 1 | <input type="checkbox"/> UCC 3 |

- CERTIFIED COPY
- CERTIFICATE OF STATUS
- PLAIN STAMPED COPY

COST LIMIT

G. TAX _____

FILING 1750.00

R. AGENT FEE 350.00

C. COPY 50.00

TOTAL 2150.00

N. BANK _____

BALANCE DUE _____

REFUND _____

- | | | |
|--|--|-------------------------------------|
| <input type="checkbox"/> CALL WHEN READY | <input type="checkbox"/> CALL IF PROBLEM | <input type="checkbox"/> AFTER 4:30 |
| <input type="checkbox"/> WALK IN | <input type="checkbox"/> WILL WAIT | <input type="checkbox"/> PICK UP |
| <input type="checkbox"/> MAIL OUT | | |

RECEIVED
 97 NOV -7 AM 10:22
 DIVISION OF CORPORATION

BK
 11/7/97

CERTIFICATE OF LIMITED PARTNERSHIP
OF
EKEN FAMILY, LTD.

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TALLAHASSEE FLORIDA

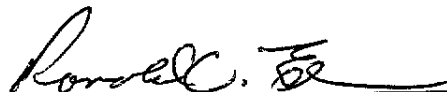
Pursuant to the authority of Section 620.108, Florida Statutes, the undersigned, constituting the sole general partner of EKEN FAMILY, LTD. (the "Partnership"), hereby submits the following in connection with the formation of the Partnership:

1. The name of the Partnership shall be EKEN FAMILY, LTD.
2. The address of the office where records shall be kept shall be Post Office Box 700068, St. Cloud, Florida 34770-0068. The name and address of the registered agent for service of process is Ronald C. Eken, 1211 12th Street, St. Cloud, Florida 34769.
3. The name and business address of the sole general partner is:

Ronald C. Eken, Trustee
130 Washington Avenue, NE
Suite 2
Athens, TN 37303
4. The mailing address of the limited partnership is post office box 700068, St. Cloud, Florida 34770-0068.
5. The latest date upon which the Partnership is to dissolve shall be December 31, 2025.

This Certificate has been executed by the undersigned this 14th day of February, 1996.

GENERAL PARTNER:



Ronald C. Eken, Trustee of the Ronald E. Eken Family Trust dated February 14, 1996

ACKNOWLEDGEMENT OF REGISTERED AGENT

Having been designated as Registered Agent for EKEN FAMILY, LTD., the undersigned hereby accepts the designation and agrees to act as the Registered Agent of said limited partnership and states that he is familiar with his statutory obligations as such.



Ronald C. Eken

Dated this 14th day of February, 1996.

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TALLAHASSEE FLORIDA

**AFFIDAVIT
OF
CAPITAL CONTRIBUTIONS**

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TALLAHASSEE FLORIDA

The undersigned being the sole general partner of EKEN FAMILY, LTD., and being duly sworn does hereby set forth the following for the purpose of accompanying the filing of the Certificate of Limited Partnership of EKEN FAMILY, LTD. with the Florida Department of State, as required by Section 620.108, Florida Statutes:

The amount of the capital contributions of the limited partners as of the date hereof is described on the attached Exhibit "A." No additional limited partner contributions are anticipated.

This Affidavit is executed and sworn to by:

General Partner:

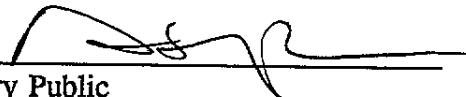


Ronald C. Eken, Trustee of the Ronald C. Eken Family Trust dated February 14____, 1996

STATE OF FLORIDA

COUNTY OF ORANGE

The foregoing instrument was acknowledged before me this 14th day of February, 1996, by Ronald E. Eken, as Trustee of the Ronald E. Eken Family Trust, General Partner, and who is personally known to me.



Notary Public
My Commission Expires:
Print, type or stamp name of notary

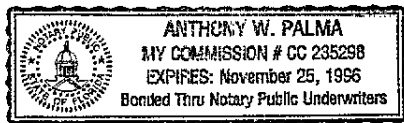


EXHIBIT "A"

1. 100% of the issued and outstanding stock in The BulleK Corporation, a Florida.
2. 100% of the issued and outstanding stock in The BulleK Holding Corporation, a Florida corporation.
3. 100% of the issued and outstanding stock in The BulleK Corporation, Real Estate Division, a Florida corporation.

Total Value of above stock: \$2,500,000.00

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