

CT CORPORATION STATE

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CORPORATION(S) NAME

Gap Exploration, Ltd.

FILED
01 JAN 22 PM 3:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

<input type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> Nonprofit		
<input type="checkbox"/> Foreign	<input type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> Mark
	<input type="checkbox"/> Reinstatement	
<input checked="" type="checkbox"/> Limited Partnership	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Other
<input type="checkbox"/> LLC	<input type="checkbox"/> Name Registration	<input type="checkbox"/> Change of RA
	<input type="checkbox"/> Fictitious Name	<input type="checkbox"/> UCC
<input checked="" type="checkbox"/> Certified Copy	<input type="checkbox"/> Photocopies	<input checked="" type="checkbox"/> CUS
<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Call If Problem	<input type="checkbox"/> After 4:30
<input checked="" type="checkbox"/> Walk In	<input type="checkbox"/> Will Wait	<input checked="" type="checkbox"/> Pick Up
<input type="checkbox"/> Mail Out		

RECEIVED
01 JAN 22 AM 11:16
DIVISION OF CERTIFICATION

Name _____ 1/22/01
Availability _____
Document _____ Melanie
Examiner _____ Need Back Today Please
Updater _____
Verifier _____
W.P. Verifier _____

Order#: 3519952

Ref#: _____

Amount: \$ _____

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***166.25 ***166.25

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

CERTIFICATE OF LIMITED PARTNERSHIP

1. Gap Exploration, Ltd.
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")
2. 1645 East Stone Drive, Suite 210, Kingsport, Tennessee 37660
(Business address of Limited Partnership)
3. CT Corporation System
(Name of Registered Agent for Service of Process)
4. 1200 South Pine Island Road, Plantation, Florida 33324
(Florida street address for Registered Agent)
5. Connie Bryan Connie Bryan, Special Asst. Secy.
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)
6. 1645 East Stone Drive, Suite 210, Kingsport, Tennessee 37660
(Mailing Address of the Limited Partnership)

7. The latest date upon which the Limited Partnership is to be dissolved is: December 31, 2031
8. Name(s) of general partner(s): _____ Street address: _____

<u>Richard A. Counts</u>	<u>1645 East Stone Drive, Suite 210</u>
_____	<u>Kingsport, Tennessee 37660</u>
_____	_____
_____	_____

Under penalties of perjury I (we) declare that I (we) have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

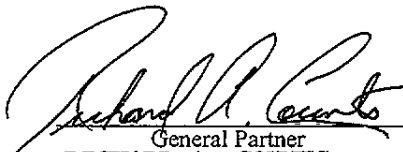
Signed this 19th day of January, 2001.

Signature of all general partners:

General Partner

General Partner

General Partner



General Partner
RICHARD A. COUNTS

General Partner

General Partner

**AFFIDAVIT OF CAPITAL CONTRIBUTIONS
FOR FLORIDA LIMITED PARTNERSHIP**

FILED
JAN 22 AM 8:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned constituting all of the general partners of _____
Gap Exploration, Ltd.

a Florida Limited Partnership, certify:

The amount of capital contributions to date of the limited partners is \$ 0 .

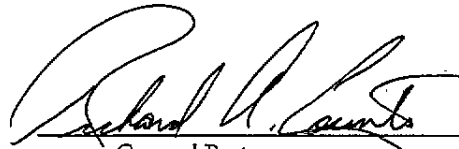
The total amount contributed and anticipated to be contributed by the limited partners at this time
totals \$ 10,000 .

Signed this 19th day of January , 2001 .

FURTHER AFFIANT SAYETH NOT.

*Under the penalties of perjury I (we) declare that I (we) have read the foregoing and know the
contents thereof and that the facts stated herein are true and correct.*

General Partner



General Partner
RICHARD A. COUNTS

General Partner

General Partner

General Partner

General Partner