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FLORIDA LIMITED PARTNERSHIP

BGK1, LLLP

Certificate of Status	0
Certified Copy	1
Page Count	03
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>>>A STATEMENT OF QUALIFICATION AS AN LLLP WILL BE FILED IMMEDIATELY UPON RECEIPT OF THE DOCUMENT NUMBER FOR THIS LIMITED PARTNERSHIP.

Handwritten: 2-4-04

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**CERTIFICATE OF LIMITED PARTNERSHIP
OF
BGK1, LLLP**

The undersigned General Partner, desiring to form a limited partnership pursuant to the Florida Revised Uniform Limited Partnership Act, Sections 620.101 through 620.205 of the Florida Statutes, hereby states the following:

1. The name of the Partnership is BGK1, LLLP.
2. The address of the office of the Partnership as referred to in Section 620.108, Florida Statutes, is 319 North Magnolia Avenue, Orlando, Florida 32801.
3. The name and address of the agent for service of process on the Partnership are Jeannie L. Skelley, 319 North Magnolia Avenue, Orlando, Florida 32801.
4. The name and business address of the General Partner are:

<u>Name</u>	<u>Address</u>
BGK1 GP, LLC <i>LO4-8952</i>	319 North Magnolia Avenue Orlando, Florida 32801
5. The mailing address for the Partnership is 319 North Magnolia Avenue, Orlando, Florida 32801.
6. The latest date upon which the Partnership shall dissolve is December 31, 2034.
7. A conveyance or encumbrance of real property or any interest therein held in the name of the Partnership, and any other instrument affecting title to real property in which the Partnership has an interest, shall be executed in the Partnership name by the General Partner.

APPROVED
AND
FILED
04 FEB -3 11:15
SECRETARY OF
STATE

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

"GENERAL PARTNER"

BGK1 GP, LLC

By: H2, LLC, sole Member of BGK1 GP, LLC

By: HAMAK PROPERTIES, LLC, a Member of H2, LLC

By: HAMAK, INC., sole Member of Hamak Properties, LLC

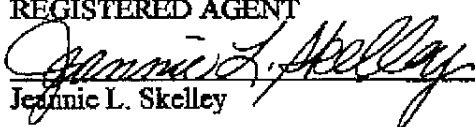
Date: February 2, 2004

By: 
Henry A. Morton, President

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been named as registered agent for the above-named Partnership, at the place designated in the foregoing Certificate of Limited Partnership, I hereby accept such appointment and agree to act in such capacity, and I further agree to comply with provisions of all statutes relevant to the proper and complete performance of the duties of a registered agent. I am familiar with, and accept the duties and obligations of, Section 620.192 of the Florida Statutes.

REGISTERED AGENT


Jeannic L. Skelley

Date: February 2, 2004

04 FEB -3 AM 11:55
SECRETARY OF STATE
TALLAHASSEE, FL 32301

APPENDIX
AND
FILED

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STATE OF FLORIDA
COUNTY OF ORANGEAFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned, personally appeared HENRY A. MORTON, as President of Hamak, Inc., the sole member of Hamak Properties, LLC, a member of H2, LLC, the sole member of BGK1 GP, LLC, which is the sole general partner of BGK1, LLLP, a Florida limited partnership (the "Partnership"), who upon being duly sworn, certified as follows:

1. The amount of the capital contributions to the Partnership made by the limited partners is \$1,000.00.

2. The amount of additional capital contributions anticipated to be contributed by the limited partners is \$1,000.00.

FURTHER AFFIANT SAYETH NOT.

Under penalties of perjury, I declare that I have read the foregoing and that the facts alleged are true, to the best of my knowledge and belief.

BGK1 GP, LLC, General Partner

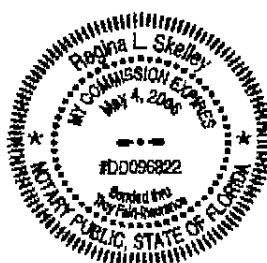
By: H2, LLC, sole Member of BGK1 GP, LLC

By: HAMAK PROPERTIES, LLC, a Member of H2, LLC

By: HAMAK, INC., sole Member of Hamak Properties, LLC

By: [Signature]
Henry A. Morton, President

Sworn to and subscribed before me this 2nd day of FEBRUARY, 2004, by HENRY A. MORTON, as President of Hamak, Inc., the sole member of Hamak Properties, LLC, a member of H2, LLC, the sole member of BGK1 GP, LLC, which is the sole General Partner of BGK1, LLLP, a Florida limited partnership. He (check one) ☐ is personally known to me, ☐ produced a driver's license (issued by a state of the United States within the last five (5) years) as identification, or ☐ produced other identification, to wit: _____.



Print Name: REGINA L. SKELLEY
Notary Public - State of FLORIDA
Commission No.: 00096822
My Commission Expires: MAY 4, 2006

(NOTARY'S STAMP OR SEAL)

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