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SECRETARY OF STATE A
TALLAHASSEE, FLORIDA



COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Endeavor Vo (Name of Florida Limited Partnership or	Limited Liability Limited Partnership)
The enclosed Certificate of Limited Partnersh	ip and fees are submitted for filing.
Please return all correspondence concerning the	his matter to:
Cathi C. Wilkins (Contact Person) Penning ton Law (Firm/Company) POBOX 100 (Address) Tallahassee Form (City, State and Zip Code)	Firm - SSEE FLORIDE
For further information concerning this matter	r, please call:
Cathi Wilkinson a (Name of Contact Person)	(Area Code and Daytime Telephone Number)
Enclosed is a check for the following amount:	
	\$1,052.50 Filing Fees and Certified Copy Certified Copy, and Certificate of Status
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

CR2E030 (01/06)

CERTIFICATE OF LIMITED PARTNERSHIP

OF

ENDEAVOR VENTURES, LLLP

This Certificate of Limited Partnership is submitted in compliance with Section 620.108, Florida Statutes (2005).

- 1. The name of the limited liability limited partnership is Endeavor Ventures, LLLP.

 The limited partnership elects to be a limited liability limited partnership.
- 2. The mailing address of the limited liability limited partnership is as follows:

c/o Roman E. Galey, General Partner 2418 Mill Creek Court, Suite 3 Tallahassee, FL 32308

3. The address of the office and the name and address of the agent for service of process is as follows:

Roman E. Galey 2418 Mill Creek Court, Suite 3 Tallahassee. FL 32308

4. The name and the business address of the general partners of the limited liability limited partnership are as follows:

Roman E. Galey 2418 Mill Creek Court, Suite 3 Tallahassee, FL 32308

John T. York 8 Woodstone Plaza, Suite 6 Hattiesburg, MS 39402

- 5. The latest date upon which the Limited Partnership is to be dissolved is December 31, 2055.
- 6. The total amount contributed and anticipated to be contributed by the limited partners at this time totals \$2,000,000.00.

The execution of this statement as a partner constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

Executed this 14th day of 000, 2005. ROMAN E. GALE General Partner General Partner STATE OF FLORIDA, COUNTY OF LEON. The foregoing instrument was acknowledged before me this 25th day of December, 2005, by ROMAN E. GALEY, who is personally known to me or who has produced Flo. D.L as identification.

Print, Type or Stamp Name of Notary

STATE OF MISSISSIPPI, COUNTY OF Jamas

The foregoing instrument was acknowledged before me this _______ day of _______, 2005, by JOHN T. YORK, who is personally known to me er who has produced _______ as identification.

TARY PUBLIC, STATE OF MISSISSIPPI

NOTARY PUBLIC STATE OF MISSISSIPPI AT LARGE MY COMMISSION EXPIRES: May 24, 2006 BONDED THRU NOTARY PUBLIC UNDERWRITERE

LIBBY C. VAR DAMAN
Print, Type or Stamp Name of Notary

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CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE

Pursuant to the provisions of Section 620.105, Florida Statutes, the undersigned limited partnership submits the following statement to designate a registered office and registered agent in the State of Florida.

- 1. The name of the Limited Liability Limited Partnership is: Endeavor Ventures, LLLP.
- 2. The name and Florida street address of the partnership's agent for service of process is Roman E. Galey, 2418 Mill Creek Court, Suite 3, Tallahassee, FL 32308.

ROMAN & GALEY, GENERAL PARTNER

JOHN/T. YORK, GENERAL PARTNER

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED LIMITED LIABILITY LIMITED PARTNERSHIP AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT AS PROVIDED FOR IN CHAPTER 608, F.S.

SIGNATURE:

ROMAN E.

DATE: __

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