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(F	Requestor's Name)		
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(<i>F</i>	Address)		
	City/Ctate/7in/Dhana #	<u> </u>	
	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL	
(E	Business Entity Name)		
(Document Number)			
Certified Copies	Certificates of	Status	
		1	
Special Instructions to	o Filing Officer:		
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OB JAN 31 PH 2: 43
SECRETARY OF STATE
SECRETARY OF STATE

COVER LETTER

TO:	Registration Section Division of Corporati	ons				
SUBJE	CCT:	BEK LP				
SCEC	(Name of Florida Li	mited Partnership	or Lim	ited Liability	Limited	Partnership)
The end	closed Certificate of L	imited Partners	ship a	nd fees are	submit	ted for filing.
Please	return all corresponde	nce concerning	this 1	natter to:		
Barl	bara J. Mizell, T	•	e Vi	rginia		
Kally	Irrevocable Gift	ct Person) Trust Gand	oral	Partner		
reny		Company)	Ciai	1 ditilo		
	415 Mountair		te 4			
		ddress)				
	Destin, Flo	orida 32541	l			
	(City, State	and Zip Code)				
For fur	ther information conce	erning this matt	er, pl	ease call:		
	Barbara J. Mize	ell	_at (850	39	3-3705
	(Name of Contact Person	1	-	(Area Code a	nd Dayt	ime Telephone Number)
Enclose	ed is a check for the fo	llowing amoun	ıt:			
(\$965 Fil		8.75 Filing Fees [tificate of		052.50 Filing ertified Copy	_	\$1,061.25 Filing Fees, Certified Copy, and Certificate of Status
Registra Division Clifton 2661 Ex	ET ADDRESS: ation Section n of Corporations Building xecutive Center Circle ssee, FL 32301	:		Registrat	ion Sec of Cor x 6327	porations

CR2E030 (01/06)



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 16, 2008

BARBARA J. MIZELL 415 MOUNTAIN DRIVE, SUITE 4 DESTIN, FL 32541

SUBJECT: BEK LP

Ref. Number: W08000002639

We have received your document for BEK 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):

The limited partnership name designated in the document is not available since it is the same as, or not distinguishable from the name of another entity on file with this office. Please select a new name and make the substitution in all the appropriate places.

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) 245-6067.

Neysa Culligan Document Specialist

Letter Number: 708A00003464

FIL.ED

CERTIFICATE OF LIMITED PARTNERSHIP **FOR** OR SECRETARY OF STATE TALLAHASSEE FLORIDA

08 JAN 31 PM 2: 43

Acceptable Limit	mited Partnership or Limited Liability Limited Partnership, which must include suffix)
or LLLP.	ed Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. ed Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P.
2.	415 Mountain Drive, Suite 4
-	(Street address of initial designated office)
	Destin, Florida 32541
3.	Barbara J. Mizell
	(Name of Registered Agent for Service of Process)
4	415 Mountain Drive, Suite 4
	(Florida street address for Registered Agent)
	Destin, Florida 32541
comply with the p	pt the appointment as registered agent and agree to act in this capacity. I further agree to provisions of all statutes relative to the proper and complete performance of my duties, with and accept the obligations of my position as registered agent.
	Burbana DM Signature of Registered Agent
	Signature of Registered Agond
6	415 Mountain Drive, Suite 4
	(Mailing address of initial designated office)
	Destin, Florida 32541

8. Name and business address of each general Name:	ral partner: <u>Business Address:</u>
Barbara J. Mizell, Trustee of the	415 Mountain Drive, Suite 4
	Destin, Florida 32541
Virginia Kelly Irrevocable Gift Trust	
Brant E. Kelly	4058 Indian Bayou N. Dastin, F.J. 32541
	OR JAN 31 PH SECRETARIOF ALLAHASSEE
9. Effective date, if other than the date of filing:	STATE ORION
(Effective date cannot be prior to nor more t filed by the Florida Department of State.)	than 90 days after the date the document is
Signed this day of	January 2008
Signature of each general partner:	Benbena Jpy Io
Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75	2.00 (\$965 Filing Fee and \$35 Registered Agent Fee)