

1201 HAYS STREET  
TALLAHASSEE, FL 32301

800-342-8086

A95000001295

**CSC networks**

PROFESSIONAL  
LEGAL & FINANCIAL SERVICES

ACCOUNT NO. : 072100000032

REFERENCE : 672420 5310A

AUTHORIZATION :

COST LIMIT : 9 PREPAID

ORDER DATE : August 31, 1995

ORDER TIME : 9:39 AM

ORDER NO. : 672420

CUSTOMER NO: 5310A

CUSTOMER: Jackson Boggs, Esq  
FOWLER WHITE GILLEN BOGGS  
VILLAREAL & BANKER, P.A.  
P. O. Box 1438

Tampa, FL 33601

G. TAX \_\_\_\_\_  
FILING 1750.10  
R. AGENT FEL 25.02  
C. COPY 56.27  
TOTAL 1,831.39  
V. BANK \_\_\_\_\_  
BALANCE DUE \_\_\_\_\_  
REMARKS \_\_\_\_\_

DOMESTIC FILING

NAME: C & K MARSHALL ENTERPRISES,  
LTD.

ARTICLES OF INCORPORATION  
XX CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY  
PLAIN STAMPED COPY  
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carol M. Hensal

EXAMINER'S INITIALS: h/n

FILED STATE  
SECRETARY OF CORPORATIONS  
95 AUG 31 AM 11:31

RECEIVED  
95 AUG 31 PM 5:10

000001579270  
-09/07/95--01031--001  
\*\*\*1837.50 \*\*\*1837.50

CERTIFICATE OF LIMITED PARTNERSHIP  
C & K MARSHALL ENTERPRISES, LTD.

In accordance with Florida Statute Section 620.108, this Certificate of Limited Partnership shall be filed with the Department of State of Florida, setting forth the following:

1. Name. The name of this limited Partnership shall be "C & K Marshall Enterprises, Ltd."

2. Registered Agent and Address. The office and the name of the agent for service of process required to be maintained is as follows:

Carlton F. Marshall  
17912 Cachet Isle Drive  
Tampa, Florida 33647-2702

3. General Partner. The name and business address of each general partner is:

Carlton F. Marshall  
17912 Cachet Isle Drive  
Tampa, Florida 33647-2702

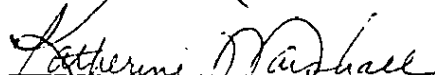
Katherine Marshall  
17912 Cachet Isle Drive  
Tampa, Florida 33647-2702

4. Mailing Address. The principal office and mailing address of the limited partnership is:

17912 Cachet Isle Drive  
Tampa, Florida 33647-2702

5. Termination Date. The latest date upon which the limited partnership is to dissolve is December 31, 2045.

  
Carlton F. Marshall, General Partner

  
Katherine Marshall, General Partner

FILED  
STATE OF FLORIDA  
SECRETARY OF STATE  
95 AUG 11 AM 11:31

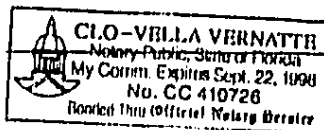
STATE OF FLORIDA  
COUNTY OF HILLSBOROUGH

The foregoing instrument was acknowledged before me this 21  
of August, 1995, by CARLTON F. MARSHALL, who is  
personally known to me or who has produced \_\_\_\_\_ as  
identification.

Clo-Vella Vernatte

Print Name Clo-Vella Vernatte  
"NOTARY PUBLIC"

My Commission Expires:



FILED  
STATE  
SECRETARY OF  
CLERK OF  
AUG 31 AM 11:32  
9-22-98

STATE OF FLORIDA  
COUNTY OF HILLSBOROUGH

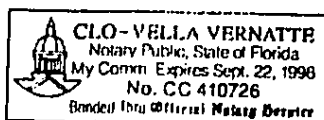
The foregoing instrument was acknowledged before me this 29  
of August, 1995, by KATHERINE MARSHALL, who is personally  
known to me or who has produced \_\_\_\_\_ as identification.

Clo-Vella Vernatte  
Print Name Clo-Vella Vernatte

"NOTARY PUBLIC"

My Commission Expires:

Sept. 22, 1998



STATE OF FLORIDA  
COUNTY OF HILLSBOROUGH

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 AUG 31 AM 11:32

AFFIDAVIT OF GENERAL PARTNER

BEFORE ME, THE UNDERSIGNED AUTHORITY, personally appeared  
CARLTON F. MARSHALL and KATHERINE MARSHALL, known to me to be the  
general partners of C & K MARSHALL ENTERPRISES, LTD., a Florida  
limited partnership, who, before me first duly sworn, declares as  
follows:

1. The amount of capital initially contributed to the  
Partnership by the limited partners is \$1,960.00.
2. The limited partners presently anticipate contributing  
additional funds to the Partnership; and the total amount  
contributed and anticipated to be contributed is \$5,000,000.00.

Carlton F. Marshall  
Carlton F. Marshall, General Partner

Katherine Marshall  
Katherine Marshall, General Partner

STATE OF FLORIDA  
COUNTY OF HILLSBOROUGH

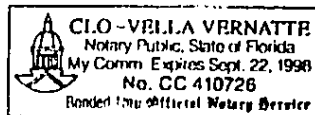
The foregoing instrument was acknowledged before me this 29  
of August, 1995, by CARLTON F. MARSHALL, who is personally  
known to me or who has produced \_\_\_\_\_ as identification.

Clo-Velia Vernatke  
Print Name Clo-Velia Vernatke

"NOTARY PUBLIC"

My Commission Expires:

Sept. 22, 1998



STATE OF FLORIDA  
COUNTY OF HILLSBOROUGH

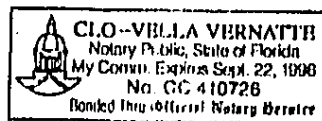
The foregoing instrument was acknowledged before me this 29  
of August, 1995, by KATHERINE MARSHALL, who is personally  
known to me or who has produced \_\_\_\_\_ as identification.

Clo Villa Vernatta  
Print Name Clo-Villa Vernatta

"NOTARY PUBLIC"

My Commission Expires:

Sept. 22 1998



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 AUG 31 AM 11:32

FILE ON OR BEFORE DECEMBER 31, 1995 OR PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

**A95000001295**

FILED

95 DEC 14 PM 3:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. **DOCUMENT #**  
A95000001295

C & K MARSHALL ENTERPRISES, LTD.

96-AR

CM

17912 Cachet Isle Drive  
Tampa, FL 33647-2702

17912 Cachet Isle Drive  
Tampa, FL 33647-2702

3. **FLORIDA**  
8/31/1995

3a. **N/A**

4. **FL**

5a. **\$5,000,000.00**

5b. **\$301,960.00**

6. **59-2237228**

7. **CERTIFICATE OF STATUS REQUIRED**

\$4.75 Additional Fee required  
for a Certificate of Status

8. **FEES:** 1. Filing Fee: Computed at a rate of \$7 per \$1,000 on amount entered in 5b or 5a if 5b blank, with a minimum filing fee of \$52.50 and a maximum of \$437.50.  
2. Supplemental Fee: \$101.75 (paid to be less than \$101.75).  
THE AMOUNT DUE SHALL BE NO LESS THAN \$101.75 (\$52.50 + \$138.75) AND NO MORE THAN \$576.25 (\$437.50 + \$138.75).  
Note: If the amount entered in 5b is greater than amount entered in 5a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.  
MAKE CHECK PAYABLE TO FLORIDA DEPT. OF STATE

9. **Name and Address of Current Registered Agent**

MARSHALL, CARLTON F.  
17912 Cachet Isle Drive  
Tampa, Florida 33647-2702

10. **It changed, new Registered Agent Office**

Name

Street Address (P.O. Box Number (if Accepted))

State (if not FL)

City

FL

Zip Code

10a. Pursuant to the provisions of sections 620.10(1) and 620.10(2), Florida Statutes, the above named limited partnership organized or registered under the laws of the State of Florida, hereby certifies that the agent named herein is authorized by its general partner(s) to accept the appointment of registered agent for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s) to accept the appointment of registered agent. I am aware of and accept the obligations of section 620.10(2), Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. **Names of General Partner(s)**

11a. **Address of Each General Partner  
(Do NOT Use Post Office Box Number)**

11b. **City, State & Zip Code**

11c. **Registration  
Document Number**

MARSHALL, CARLTON F.

17912 Cachet Isle Dr.

Tampa, FL

MARSHALL, KATHERINE

17912 Cachet Isle Dr.

Tampa, FL

000001657360  
-12/21/95--01014--001  
\*\*\*\*576.25 \*\*\*\*576.25

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I, the undersigned, certify that the information supplied on this filing is true and correct, and that I am a general partner in the partnership named herein. I am aware of and accept the obligations of section 620.10(2), Florida Statutes, and I am aware of and accept the obligations of section 620.10(2), Florida Statutes, and I am aware of and accept the obligations of section 620.10(2), Florida Statutes.

SIGNATURE

*Carlton F. Marshall*

Carlton F. Marshall

DATE

Telephone Number (813) 247-3647

CR2E003 (6/95)