A95000001295

1201 Hays Street
Tallahassee, FL 32301
800-342-8086

CSC networks
PRENTICE HALL LEGAL & FINANCIAL SERVICES

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

ACCOUNT NO. : 072100000032

REFERENCE : 672428 5310A

AUTHORIZATION :

COST LIMIT : 9 PREPAID

ORDER DATE : August 31, 1995

ORDER TIME : 9:39 AM

ORDER NO. : 672428

CUSTOMER NO: 5310A

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

Tampa, FL 33601

C. TAX
FILING 175.00
R. AGENT FEL 25.00
C. COPY 1.00
TOTAL 1,837.50
N. BANK
BALANCE DUE
REFUND

RECEIVED
95 AUG 31 AM 11:31

DOMESTIC FILING

NAME: C & K MARSHALL ENTERPRISES, LTD.

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

____ 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

8/31/95

CONTACT PERSON: Carol M. Hensel

EXAMINER'S INITIALS: BM

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

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CORPORATIONS

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

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-Vella Vernatte

Print Name Clo-Vella Vernatte

"NOTARY PUBLIC"

My Commission Expires:

CLO-VELLA VERNATTE
Notary Public, State of Florida
My Comm. Expires Sept. 22, 1998
No. CC 410726
Bonded Thru Official Notary Service

9-22-98

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
95 AUG 31 AM 11:32

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

CLO-VELLA VERNATTE
Notary Public, State of Florida
My Comm. Expires Sept. 22, 1998
No. CC 410726
Bonded Thru Official Notary Service

EJB\2542

STATE OF FLORIDA

COUNTY OF HILLSBOROUGH

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

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, General Partner

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.

Print Name

"NOTARY PUBLIC"

My Commission Expires:

Sept 22, 1998

CLO-VELLA VERNATTE
Notary Public, State of Florida
My Comm. Expires Sept. 22, 1998
No. CC 410726
Bonded thru Official Notary Service

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 Vernatte

Print Name Clo-Villa Vernatte

"NOTARY PUBLIC"

My Commission Expires:

Sept. 22 1998

CLO--VILLA VERNATTE
Notary Public, State of Florida
My Comm. Expires Sept. 22, 1998
No. CC 410726
Bonded thru Official Notary Service

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

EJB\2543

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. C & K MARSHALL ENTERPRISES, LTD.

1a. DOCUMENT # A95000001295

96-AR

CM

17912 Cachet Isle Drive
Tampa, FL 33647-2702

17912 Cachet Isle Drive
Tampa, FL 33647-2702

2. 2a.

3. FLORIDA 8/31/1995

3a. N/A

4. FL

5a. $5,000,000.00

5b. FLORIDA $301,960.00

6. 59-3337328

7. CERTIFICATE OF STATUS REQUIRED ☐
$8.75 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: $131.75 (pursuant to s. 620.1941 F.S.)
THE AMOUNT DUE SHALL BE NO LESS THAN $191.25 ($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. Proposed New Registered Agent Office

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City FL Zip Code

10a. Pursuant to the provisions of sections 620.1061 and 620.1941, Florida Statutes, the above named limited partnership organized or registered under the laws of the State of Florida, hereby submits this statement 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). I hereby accept the appointment of registered agent. I am familiar with and accept the obligations of section 620.1941, 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. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	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	

000001667360
-12/21/95--01014--001
****576.25 ****576.25

CR2E003 (6/95)

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

12.

SIGNATURE Carlton F. Marshall DATE

Typed or Printed Name of Person Signing Above: Carlton F. Marshall

Telephone Number: (813) 247-3647