

CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 17, Tallahassee, FL 32301, (904) 222-8800
 Mailing Address: Post Office Box 10049, Tallahassee, FL 32302
 TOLL FREE No. 1-800-417-8002
 FAX (904) 222-1122

NAME _____
 FIRM _____
 ADDRESS _____

 PHONE () _____

Service: Top Priority _____ Regular _____
 One Day Service Two Day Service

To us via _____ Return via _____

Matter No.: _____ Express Mail No. _____

State Fee \$ _____ Our \$ _____

C. TAX _____
 FILING _____ 52.50
 R. AGENT FEE _____ 35.00
 C. COPY _____
 TOTAL _____ 87.50
 N. BACK _____
 BALANCE DUE _____
 REFUND _____

REQUEST TAKEN CONFIRMED APPROVED
 DATE _____
 TIME _____ CK No. _____
 BY _____

WALK-IN NC 1-5
 Will Pick Up

_____ of _____
Perkins Financial Limited
Partnership

	C.C. FEE.	DISBURSED
<input checked="" type="checkbox"/> Capital Express™		
<input checked="" type="checkbox"/> Art. of Inc. File		
<input checked="" type="checkbox"/> Corp. Record Search		
<input checked="" type="checkbox"/> Ltd. Partnership File		
<input checked="" type="checkbox"/> Foreign Corp. File		
<input checked="" type="checkbox"/> (1) Cert-Copy(s) photo		
_____ Art. of Amend. File		
_____ Dissolution/Withdrawal		
_____ C U S.		
_____ Fictitious Name File		
_____ Name Reservation		
_____ Annual Report/Reinstatement		
_____ Reg. Agent Service		
_____ Document Filing		
_____ Corporate Kit		
_____ Vehicle Search		
_____ Driving Record		
_____ Document Retrieval		
_____ UCC 1 or 3 File		
_____ UCC 11 Search		
_____ UCC 11 Retrieval		
_____ File No.'s, Copies		
_____ Courier Service		
_____ Shipping/Handling		
_____ Phone ()		
_____ Top Priority		
_____ Express Mail Prep.		
_____ FAX () pgs.		

SUBTOTALS _____
 FEE.....\$
 DISBURSED.....\$
 SURCHARGE.....\$
 TAX on corporate supplies.....\$
 SUBTOTAL.....\$
 PREPAID.....\$
 BALANCE DUE.....\$
 _____ \$

Please remit invoice number with payment
 TERMS: NET 10 DAYS FROM INVOICE DATE
 1 1/2% per month on Past Due Amounts
 Past 30 Days, 18% per Annum.

THANK YOU
 from
 Your Capital Connection

CERTIFICATE OF LIMITED PARTNERSHIP AND
AFFIDAVIT OF CAPITAL CONTRIBUTIONS

PARKE FINANCIAL LIMITED PARTNERSHIP

FILED STATE
SECRETARY OF CORPORATIONS
95 JAN -5 PM 1:41

The undersigned makes this Certificate pursuant to Section 620.108 Florida Statutes.

ARTICLE I.
NAME

This limited partnership shall be named Parke Financial Limited Partnership.

ARTICLE II.
OFFICE; REGISTERED AGENT

The name and address of the agent for service of process required to be maintained by Section 620.105 Florida Statutes, as well as the address of the office where records of the limited partnership will be kept shall be as follows:

Name: Kenneth G. Dixon
Address: 1637 East Vine Street, Suite E
Kissimmee, Florida 34744

ARTICLE III.
NAME AND BUSINESS ADDRESS OF GENERAL PARTNER

The name and address of the general partner of this limited partnership is as follows:

Kenneth G. Dixon 1637 East Vine Street, Suite E
Kissimmee, Florida 34744

ARTICLE IV.
LOCATION; MAILING ADDRESS

The location and mailing address of this limited partnership shall be 1637 East Vine Street, Suite E, Kissimmee, Florida 34744.

FILED - STATE
SECRETARY OF CORPORATIONS
96 JAN -5 PM 1:41

**ARTICLE V.
DURATION OF THE PARTNERSHIP**

The partnership shall commence upon the filing of this Certificate of Limited Partnership and shall continue until December 31, 2021, unless terminated at an earlier date.

**ARTICLE VI.
CAPITAL CONTRIBUTIONS**

The total capital contribution of the limited partners in this partnership is \$100.00 cash. The limited partners have not agreed to make any additional contributions to the partnership. The contribution of each limited partner, subject to the provisions set forth in the limited partnership agreement, is to be returned to him or her upon dissolution of the partnership. No limited partner has the right to demand and receive property other than cash in return for his or her contribution.

Dated this 7th day of January, 1996.

GENERAL PARTNER:

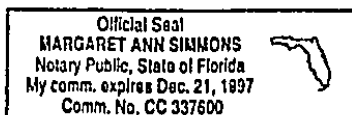
Kenneth G. Dixon
Kenneth G. Dixon

STATE OF FLORIDA)
 :SS
COUNTY OF OSCEOLA)

BEFORE ME, the undersigned officer, a Notary Public authorized to administer oaths and to take acknowledgments in and for the State and County set forth above, personally appeared Kenneth G. Dixon, personally known by me to be the person who executed the foregoing Certificate of Limited Partnership, and he acknowledged to me and before me that he executed the foregoing instrument as General Partner of Parke Financial Limited Partnership.

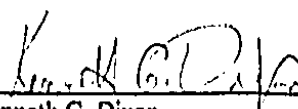
IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal in the County and State aforesaid this 7th day of January, 1996.

(NOTARIAL SEAL)



Margaret Ann Simmons
Notary Public, State of Florida
My Commission Expires: 12/21/97

Acceptance of designation as Registered Agent: Kenneth G. Dixon does hereby accept the foregoing designation as registered agent for the limited partnership for service of process as to the above limited partnership, 1637 East Vine Street, Suite E, Kissimmee, Florida 34744.


Kenneth G. Dixon

FILED STATE
SECRETARY OF CORPORATIONS
96 JAN -5 PM 1:42

A96 000000043

JAMES F. BASQUE, CHARTERED

ATTORNEY AT LAW

1607 E. VINE STREET, SUITE E

KISSIMMEE, FLORIDA 34744

(407) 939-1800 (TELEPHONE)

(407) 931-1004 (FACSIMILE)

March 6, 1997

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 MAR 10 PM 3:25

Re: Parke Financial Limited Partnership

To the Division:

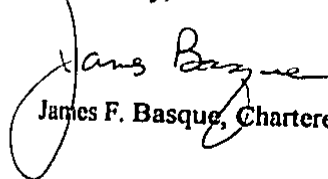
I am resubmitting an amendment to partnership agreement together with the filing fee check and a copy of your letter noting prior rejection.

I have also enclosed a copy of the amendment to be date stamped and returned to me to confirm the filing.

Please call me if you have any questions.

10000211191--8
-03/12/97--01065--006
*****52.50 *****52.50

Yours truly,


James F. Basque, Chartered

3/5
3/10/97
1. FEE
FILING 52.50
2. AGENT FEE
3. COPY
TOTAL 52.50
4. BANK
BALANCE DUE

RECEIVED
SECRETARY OF STATE
97 MAR 10 PM 3:25

AMENDMENT TO
CERTIFICATE OF LIMITED PARTNERSHIP

The undersigned hereby execute and deliver this amendment to the Certificate of Limited Partnership of Parke Financial Limited Partnership, which Certificate was filed with the Florida Department of State on January 5, 1996 as Document #A96000000043.

The Certificate is amended by adding the following as a general partner of the Partnership:

KENNETH G. DIXON, Trustee of The Canfield Trust

This Amendment to Certificate of Limited Partnership is made as of the 20th day of DECEMBER, 1996.

Existing General Partner:

Kenneth G. Dixon
Kenneth G. Dixon

ADDITIONAL GENERAL
PARTNER'S ADDRESS:

1637 E. VINE ST., SUITE E
KISSIMMEE, FLORIDA
34744

Additional General Partner:

The Canfield Trust

By: Kenneth G. Dixon
Kenneth G. Dixon, Trustee

STATE OF FLORIDA)
 :SS
COUNTY OF OSCEOLA)

BEFORE ME, the undersigned officer, a Notary Public authorized to administer oaths and to take acknowledgments in and for the State and County set forth above, personally appeared Kenneth G. Dixon, personally known by me to be the person who executed the foregoing Amendment to Certificate of Limited Partnership, and he acknowledged to me and before me that he executed the foregoing instrument as Existing General Partner and as Trustee for The Canfield Trust.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal in the County and State aforesaid this 20th day of DECEMBER, 1996.

(NOTARIAL SEAL)



JAMES F. BASQUE
My Comm Exp. 3/24/99
Bonded By Service Inc
No. CC442900

(☒ Personally Known) (☐ Other)

James F. Basque
Notary Public, State of Florida
My Commission Expires: