

A96000000166

CAPITOL SERVICES d/b/a
PARALEGAL & ATTORNEY SERVICE BUREAU, INC.

(Requestor's Name)
1406 Hays Street, Suite 2
(Address)
Tallahassee, FL 32301 (904) 656-3992
(City, State, Zip) (Phone #)

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Beekman Family Limited Partnership
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in

☒ Pick up time _____

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input checked="" type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

700001704857
-02/02/96--01024--003
***1800.00 ***1800.00

G. TAX _____
FILING _____ 17.50
R. AGENT FEE _____ 32.00
D. COPY _____ 22.50
TOTAL _____ 78.75
R. BANK _____
BALANCE DUE _____
OFFERED _____

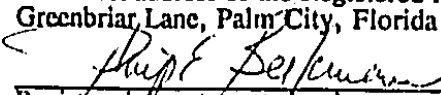
700001704857
-02/02/96--01024--004
****37.50 ****37.50

Examiner's Initials 13/2

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 JAN 26 AM 11:31

RECEIVED
96 JAN 26 AM 10:47
DIVISION OF CORPORATIONS

**CERTIFICATE OF LIMITED PARTNERSHIP
OF
BEEKMAN FAMILY LIMITED PARTNERSHIP**

1. The name of the Limited Partnership is BEEKMAN FAMILY LIMITED PARTNERSHIP.
2. The business address of the Limited Partnership is:
2120 Greenbriar Lane, Palm City, Florida 34990.
3. The name of the Registered Agent in the State of Florida is Philip Beekman.
4. The street address of the Registered Agent in the State of Florida is 2120 Greenbriar Lane, Palm City, Florida 33990.
5. 

Registered Agent must sign here to accept designation as Registered Agent for Service of Process.
6. The mailing address of Limited Partnership is:
2120 Greenbriar Lane, Palm City, Florida 33990
7. The latest date upon which the Limited Partnership is to dissolve is December 31, 2095.
8. The names and address of all of the general partners are:

Philip Beekman
2120 Greenbriar Lane
Palm City, FL 33990

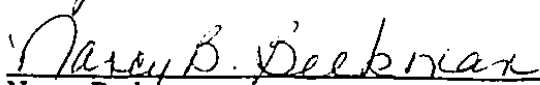
Nancy Beekman
2120 Greenbriar Lane
Palm City, FL 33990

Signed this 21 day of December, 1995.

General Partners:



Philip Beekman



Nancy Beekman

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
6.21.95 AM 11:31

**AFFIDAVIT OF CAPITAL CONTRIBUTIONS
FOR FLORIDA LIMITED PARTNERSHIP**

The undersigned constituting all of the general partners of Beckman Family Limited Partnership, a Florida Limited Partnership, certify:

The amount of capital contributions to date of the limited partners is \$100.00.

The total amount contributed and anticipated to be contributed by the limited partners at this time totals \$5,000,000.

Signed this 27 day of December, 1995.

FURTHER AFFIANT SAYETH NOT.

Under the penalties of perjury we declare that we have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Philip E. Beckman
General Partner

Nancy B. Beckman
General Partner

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 JAN 26 AM 11:31