

# A96000001099

Requestor Name

Address

City/State/Zip

Phone #

900001861659

-06/14/96--01007--014

\*\*\*\*\*96.25 \*\*\*\*\*96.25

Office Use Only

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

1 \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)  
2 \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)  
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RECEIVED  
DIVISION OF CORPORATIONS

☐ Walk in

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☐ 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/<br>QUALIFICATION |                     |
|--------------------------------|---------------------|
| <input type="checkbox"/>       | Foreign             |
| <input type="checkbox"/>       | Limited Partnership |
| <input type="checkbox"/>       | Reinstatement       |
| <input type="checkbox"/>       | Trademark           |
| <input type="checkbox"/>       | Other               |

G. TAX 603 - 8.75  
FILING 52.50  
R. AGENT FEE 35.00  
C. COPY  
TOTAL 96.25  
N. BORN  
BALANCE DUE  
PAID

6/11/96

# CERTIFICATE OF LIMITED PARTNERSHIP

1. Dean K. Cooke, Inc.  
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")
2. P.O. Box 2613, Lake City, Florida 32056  
(Business address of Limited Partnership)
3. Dean K. Cooke  
(Name of Registered Agent for Service of Process)
4. Walter Lillie Rd. Rt. 1 Box 574, Lake City, Fla. 32056  
(Florida street address for Registered Agent)
5. Dean K. Cooke  
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)
6. P.O. Box 2613, Lake City, Fla. 32056  
(Mailing Address of the Limited Partnership)

7. The latest date upon which the Limited Partnership is to be dissolved is: 1996

8. Name(s) of general partner(s).

Street address:

DEAN K. COOKE

Rt. 1 Box 574 Walter Lillie Rd.

Lake City, Fla.

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

Signed this 11 day of June, 19 96.

Signature of all general partners:

Dean K. Cooke  
General Partner

General Partner

General Partner

General Partner

General Partner

General Partner

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

The undersigned constituting all of the general partners of Dean Cooke  
Construction, Ltd.  
a Florida Limited Partnership, certify:

The amount of capital contributions to date of the limited partners is \$ 1000.

The total amount contributed and anticipated to be contributed by the limited partners at this time  
totals \$ 3000.

Signed this 11 day of June, 19 76.

FURTHER AFFIANT SAYETH NOT.

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

Dean K. Cooke  
General Partner

\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner

STATE  
SECRETARY OF  
CORPORATIONS  
JUN 11 PM 3:28