

# A96000001808

Old company Name

19 W. Jefferson St.

Address

Joliet, IL. 60432

City/State/Zip

Phone #

FILED

96 SEP 30 PM 3: 03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Office Use Only

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

1. Tampa Springs Casino Cruises, Ltd.  
(Corporation Name) (Document #)

2. \_\_\_\_\_ (Corporation Name) (Document #) 000001955180  
-09/24/96 -01142--002  
\*\*\*1697.50 \*\*\*1697.50

3. \_\_\_\_\_ (Corporation Name) (Document #) 700001943457  
-09/10/96--01109--020  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

4. \_\_\_\_\_ (Corporation Name) (Document #) 700001962557  
-10/02/96--01012--020  
\*\*\*\*\*17.50 \*\*\*\*\*17.50

☐ Walk in

☐ Pick up time \_\_\_\_\_

☐ Certified Copy

☐ Mail out

☐ Will wait

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☐ 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 type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

A96-1808

Name	_____
Availability	_____
Document Examiner	_____
Updater	_____
Updater Verifier	_____
Acknowledgment	_____
W. P. Verifier	_____

# CERTIFICATE OF LIMITED PARTNERSHIP

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 56 SEP 30 PM 3:03  
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 TALLAHASSEE, FLORIDA

1. TARPON SPRINGS CASINO CRUISES, Ltd., A Florida Limited Partnership  
 (Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")
2. 456 West Davis Blvd. Tampa Florida 33606  
 (Business address of Limited Partnership)
3. Nick Martinez  
 (Name of Registered Agent for Service of Process)
4. 456 West Davis Blvd., Tampa Florida 33606  
 (Florida street address for Registered Agent)
5. See Attached  
 (Registered Agent must sign here to accept designation as Registered Agent for Service of Process)
6. 456 West Davis Blvd. Tampa Florida 33606  
 (Mailing Address of the Limited Partnership)

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

8. Name(s) of general partner(s):	Street address:
<u>BBIG Ship Co., L.C. L9600000880</u>	<u>456 W. Davis Blvd., Tampa 33606</u>
<u>Sunshine Casino, Inc. P96000069588</u>	<u>7201 Timber Crt., Tampa, FL 33625</u>
_____	_____
_____	_____

*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 13 day of Sept, 19 96.

Signature of all general partners:

[Signature]  
 General Partner  
 BBIG Ship Co., L.C.  
 \_\_\_\_\_  
 General Partner  
 \_\_\_\_\_  
 General Partner

[Signature]  
 General Partner  
 Sunshine Casinos, Inc.  
 \_\_\_\_\_  
 General Partner  
 \_\_\_\_\_  
 General Partner

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

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TALLAHASSEE, FLORIDA

The undersigned constituting all of the general partners of \_\_\_\_\_  
Tarpon Springs Casino Cruises, Ltd.  
a Florida Limited Partnership, certify:

The amount of capital contributions to date of the limited partners is \$ 200,000.00.

The total amount contributed and anticipated to be contributed by the limited partners at this time  
totals \$ 1,000,000.00.

Signed this 13 day of Sept, 19 96.

**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.*

  
\_\_\_\_\_  
General Partner  
BBIG Ship Co., L.C.

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

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

  
\_\_\_\_\_  
General Partner  
Sunshine Casino, Inc.

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

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

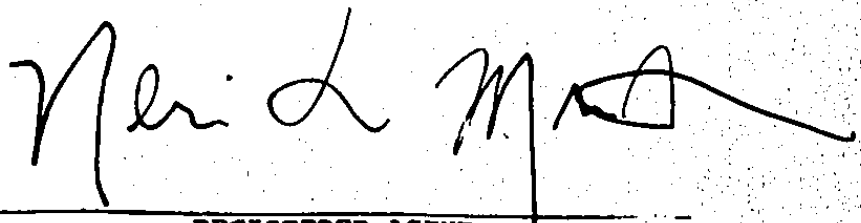
**CERTIFICATE OF DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE  
SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHOM  
PROCESS MAY BE SERVED.**

Pursuant to Charter 48.091, Florida Statutes, the following is submitted:

That Tarpon Springs Casino Cruises, Ltd. is desiring to organize under the laws of the State of Florida with its principal office, as indicated in the Articles of at City of Tampa, County of Hillsborough, State of Florida, has named Neri L. Martinez, located at 456 West Davis Boulevard, City of Tampa, State of Florida, as its agent to accept service of process within this State.

**ACKNOWLEDGMENT:**

Having been named to accept service of process for the above stated Corporation, at place designated in this certificate, I hereby accept to at in this capacity, and agree to comply with the provisions of said Act relative to keeping open said office.



**REGISTERED AGENT**

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