

A97000002138

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

En Con Associates Limited
Partnership

900002313549--5
-10/07/97--01023--011
****157.50 ****157.50

J. TAX _____
FILING _____ 70.00
R. AGENT FEE _____ 35.00
C. COPY _____ 52.50
TOTAL _____ 157.50
V. BANK _____
BALANCE DUE _____
REFUND _____

B.K.
10/2/97

Signature _____

Requested by: Cher

Name

Date 10-2

Time 930

Walk-In _____

Will Pick Up _____

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 OCT -2 AM 11:45
RECEIVED
97 OCT -2 AM 10:14
DIVISION OF CORPORATIONS

Art of Inc. File

LTD Partnership File

Foreign Corp. File

L.C. File

Fictitious Name File

Trade/Service Mark

Merger File

Art. of Amend. File

RA Resignation

Dissolution / Withdrawal

Annual Report / Reinstatement

Cert. Copy

Photo Copy

Certificate of Good Standing

Certificate of Status

Certificate of Fictitious Name

Corp Record Search

Officer Search

Fictitious Search

Fictitious Owner Search

Vehicle Search

Driving Record

UCC 1 or 3 File

UCC 11 Search

UCC 11 Retrieval

Courier

**CERTIFICATE OF DESIGNATION
OF REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 620.105, Florida Statutes, the following is submitted, in compliance with said Act by the undersigned Limited Partnership in designating the registered office/registered agent:

1. The name of the Limited Partnership is:

EnCon Associates Limited Partnership.
2. The name and address of the registered agent and office is:

Capital Connection
417 East Virginia Street, Suite 1
Tallahassee, Florida 32301.

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED LIMITED PARTNERSHIP AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

DATED: October 2, 1997

CAPITAL CONNECTION

By: Cheri Lynn Bouches
Client Representative Title

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**CERTIFICATE OF LIMITED PARTNERSHIP
OF
ENCON ASSOCIATES LIMITED PARTNERSHIP**

1. The name of the limited partnership is ENCON Associates Limited Partnership
2. The business address of the limited partnership is Village at Countryside, Northwest Corner of Highway US 19 and Enterprize Road, Clearwater Florida.
3. The name of the registered agent for service of process is Capital Connection.
4. The street address of the registered agent is 417 East Virginia Street, Suite 1, Tallahassee, Florida 32301.
5. The mailing address of the limited partnership is c/o its general partner, WC Realty, Inc., Ralton Corporation, Fairfield Corporate Center, 75 Kings Highway Cut-Off, Fairfield, CT 06430. *Y296000085032*
6. The latest date upon which the limited partnership is to be dissolved is December 31, 2030.
7. The name of the general partner is WC Realty, Inc. The address of the general partner is c/o Ralton Corporation, Fairfield Corporate Center, 75 Kings Highway Cut-Off, Fairfield, CT 06430.

Signed this 22nd day of September, 1997

ENCON Associates Limited
Partnership, by its general
partner WC Realty, Inc.

By: *John M. Costello*
John M. Costello, President

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AFFIDAVIT OF CAPITAL CONTRIBUTIONS

The undersigned, constituting all of the general partners of EnCon Associates Limited Partnership, a Florida limited partnership, certify that:

1. The amount of capital contributions to date of the limited partners is \$1,000.00.

2. The total amount contributed and anticipated to be contributed by the limited partners at this time totals \$10,000.00.

FURTHER AFFIANT SAYETH NOT.

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

WC Realty, Inc., General Partner

By: 

John M. Costello, President

This 22nd day of September, 1997.

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