

A9800000 1964

Joann Slay
999 Fairfield Meadows Dr.
Weston, FL 33327

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-08/17/98--01047--004
***115.50 ***115.50

City/State/Zip

Phone #

Office Use Only

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

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

FILED
98 AUG 17 PM 4:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A98-1964

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

**CERTIFICATE OF LIMITED PARTNERSHIP OF
KELCO STITES COOKEVILLE, LTD.**

ARTICLE I

The name of this limited partnership is Kelco Stites Cookeville, Ltd.

ARTICLE II

This limited partnership is organized for the purpose of purchasing, holding, developing, operating, owning and selling real estate and for transacting any and all lawful business.

ARTICLE III

The street address and mailing address of the principal office of this limited partnership is 8390 N.W. 53rd Street, Suite 312, Miami, Florida 33166, and the name of the initial registered agent of the limited partnership at that address is Kelley D. Slay.

ARTICLE IV

The name of the general partner of this limited partnership is Kelco Stites Cookeville Hotels, Inc., a Florida corporation, which has its principal office address at 8390 N.W. 53rd Street, Suite 312, Miami, Florida 33166.

ARTICLE V

The term of this limited partnership is thirty (30) years, which shall commence on the date of the filing of this certificate by the Florida Department of State.

Under penalty of perjury, the undersigned general partner executed this certificate this

12th day of August, 1998, certifying that the facts contained herein are true.

KELCO STITES COOKEVILLE HOTELS, INC.

BY: _____

Kelley D. Slay, President

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TALLAHASSEE, FLORIDA

**AFFIDAVIT NAMING LIMITED PARTNERS OF
KELCO STITES COOKEVILLE, LTD.**

In pursuance of Chapter 620, Florida Statutes
the following is submitted in compliance with said Act:

State of Florida
County of Broward

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TALLAHASSEE, FLORIDA

BEFORE ME, the undersigned authority, personally appeared Kelley D. Slay, who by me first duly sworn, deposes and says:

1. Affiant is the President of Kelco Stites Cookeville Hotels, Inc., which is the general partner of Kelco Stites Cookeville, Ltd.
2. The limited partners of Kelco Stites Cookeville, Ltd., their mailing addresses and the amount of the capital contribution of each are:

Richard J. Spillett, 17 Dunbar Circle, Palm Beach Gardens, FL 33418
\$480

Kelley D. Slay, 973 Spoonbill Circle, Weston, FL 333226
\$480

John D. Stites II, 6750 Walnut Trace, Cookeville, TN 38501
\$480

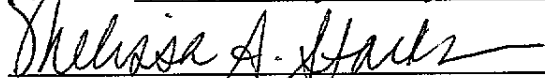
Jack Stites, 6600 Walnut Trace, Cookeville, TN 38501
\$480

No further contributions are anticipated.

Executed this 12th day of August, 1998.


KELLEY D. SLAY

SWORN TO AND SUBSCRIBED before me
this 12 day of August, 1998, by Kelley D. Slay, who is personally known to me, or who has
produced FDL # 8900504642490 as identification.

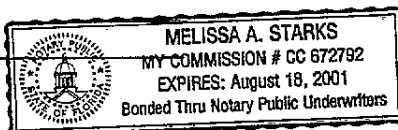


NOTARY PUBLIC, State of Florida at Large

Print Name: Melissa A. Starks

My Commission expires:

Commission No. _____



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TALLAHASSEE, FLORIDA

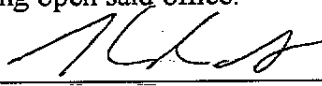
**CERTIFICATE DESIGNATING PLACE OF BUSINESS FOR SERVICE OF
PROCESS IN THIS STATE, NAMING AGENT UPON WHICH
PROCESS MAY BE SERVED.**

In pursuant of Chapter 620, Florida Statutes
the following is submitted in compliance with said Act:

That Kelco Stites Cookeville, Ltd., desiring to organize under the law of the State of Florida with its principal office located at 8390 N.W. 53rd Street, Suite 312, Miami, Dade County, Florida, 33166, has named Kelley D. Slay at that address as its agent to accept service of process within this state.

ACKNOWLEDGMENT:

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



KELLEY D. SLAY