

CAPE CONNECTION, INC.

417 E. Virginia Street, Suite 100 Tallahassee, Florida 32302
(850) 224-8060 Fax (850) 224-8061

A99000002222

4-K Limited Partnership

W99-29213

BK
(6) 12/28/99

Signature _____

Requested by: LS

Name _____

12/22/99

Date

1153

Time

Walk-In _____

Will Pick Up _____

900003078519--1
-12/22/99--01087--016
***1837.50 ***1837.50

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 _____

99 DEC 28 AM 11:05
DIVISION OF CORPORATIONS
FILED STATE

99 DEC 22 PM 2:44
RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
FILED STATE



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 DEC 28 AM 11:05

December 22, 1999

CAPITAL CONNECTION

SUBJECT: 4-K LIMITED PARTNERSHIP
Ref. Number: W99000029213

We have received your document for 4-K LIMITED PARTNERSHIP and your check(s) totaling \$1837.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6043.

Shawn Logan
Document Specialist

Letter Number: 099A00059979

Corrected

RECEIVED
99 DEC 28 AM 9:52
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**CERTIFICATE OF LIMITED PARTNERSHIP
of 4-K LIMITED PARTNERSHIP, A FLORIDA
LIMITED PARTNERSHIP**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 DEC 28 AM 11:05

The undersigned General Partners, desiring to form a Limited Partnership pursuant to the Florida Revised Uniform of Partnership Act (1986) hereby states:

1. The name of the partnership is 4-K KEEN LIMITED PARTNERSHIP
2. The address of the office of the partnership is 2531 Masterpiece Gardens Road, Lake Wales, FL 33853.
3. The name and address of the agent for service of process is WILLIAM M. KEEN, 2531 Masterpiece Gardens Road, Lake Wales, FL 33853.
4. The names and business addresses of the General Partners are WILLIAM M. KEEN and DOREEN H. KEEN, 2531 Masterpiece Gardens Road, Lake Wales, FL 33853.
5. The mailing address of the partnership is 2531 Masterpiece Gardens Road, Lake Wales, FL 33853
6. The latest date upon which the partnership shall dissolve is December 31, 2028.

Execution of this Certificate by the undersigned General Partners constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

IN WITNESS WHEREOF, this Certificate of Limited Partnership has been executed by the General Partners on behalf of the 4-K KEEN LIMITED PARTNERSHIP this 20th day of December, 1999.

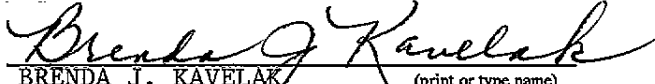
GENERAL PARTNERS

BY: William M. Keen
WILLIAM M. KEEN

BY: Doreen H. Keen
DOREEN H. KEEN

STATE OF FLORIDA
COUNTY OF POLK

The foregoing instrument was acknowledged before me this 20th day of December, 1999, by WILLIAM M. KEEN, [x] who is personally known to me or [] who has produced _____ as identification.


BREND A J. KAVELAK (print or type name)


NOTARY PUBLIC/State and County Aforesaid

My commission expires:

NOTARY PUBLIC - STATE OF FLORIDA
BREND A J. KAVELAK
COMMISSION # CC723223
EXPIRES 5/11/2002
BONDED THRU ASA 1-888-NOTARY1

STATE OF FLORIDA
COUNTY OF POLK

The foregoing instrument was acknowledged before me this 20th day of December, 1999, by DOREEN H. KEEN, [x] who is personally known to me or [] who has produced _____ as identification.


BREND A J. KAVELAK (print or type name)

NOTARY PUBLIC/State and County Aforesaid

My commission expires:

NOTARY PUBLIC - STATE OF FLORIDA
BREND A J. KAVELAK
COMMISSION # CC723223
EXPIRES 5/11/2002
BONDED THRU ASA 1-888-NOTARY1

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 DEC 28 8 AM 11:05

ACCEPTANCE OF APPOINTMENT AS
REGISTERED AGENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 DEC 28 AM 11:05

Having been named as the statutory registered agent for 4-K KEEN LIMITED PARTNERSHIP, a Florida Limited Partnership (the "Partnership"), in the foregoing Certificate of Limited Partnership, I hereby agree to act in that capacity and, on behalf of the Partnership, to accept service of process for the Partnership and to comply with any and all statutes relative to the complete and proper performance of the duties of registered agent.

REGISTERED AGENT

BY: William M. Keen
WILLIAM M. KEEN

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

STATE OF FLORIDA
COUNTY OF POLK

Before me, the undersigned authority personally appeared WILLIAM M. KEEN and DOREEN F. KEEN, as the General Partners of 4-K KEEN LIMITED PARTNERSHIP (the "Partnership"), who, being duly sworn, certified as follows:

1. The amount of Capital Contributions to the Partnership made by the Limited Partners is, in the aggregate, \$1,078,000.00. At this time, it is not anticipated that additional Capital contributions will be made by the Limited Partners.

Under penalties of perjury, we declare that we have read the foregoing and the facts alleged are true to the best of our knowledge and belief.

DATED this 20th day of December, 1999.

GENERAL PARTNERS

BY: William M. Keen
WILLIAM M. KEEN

BY: Doreen H. Keen
DOREEN H. KEEN

STATE OF FLORIDA
COUNTY OF POLK

I HEREBY CERTIFY that on this 20th of December, 1999, before me, an officer duly qualified to take acknowledgments, personally appeared WILLIAM M. KEEN and DOREEN H. KEEN, as the General Partners of the 4-K KEEN LIMITED PARTNERSHIP] who have produced _____ as identification or [☒] who are personally known to me, who executed the foregoing instrument and acknowledged before me that they executed same, freely and voluntarily for the purposes therein expressed and who did not take an oath.

Brenda J. Kavelak
BRENDA J. KAVELAK (print or type name)

Notary Public, State of Florida
at Large

My Commission Expires:

NOTARY PUBLIC - STATE OF FLORIDA
BRENDA J. KAVELAK
COMMISSION # CC723223
EXPIRES 5/11/2002
BONDED THRU ASA 1-888-NOTARY1

FILED
SECRETARY OF STATE
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