

B97000000539

Drake Enterprises LP

Requestor's Name

500 N.W. 157 St.

Address

Miami, FL 33169

City/State/Zip

Phone #

Office Use Only

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

1. Drake Enterprises Limited Partnership
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☐ Walk in ☐ Pick up time _____

☐ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy

☐ Certificate of Status

FILED
97 OCT -91 PM 3:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CM

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

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-10/09/97--01047--005
*****87.50 *****87.50

Examiner's Initials

Florida Department of State, Sandra B. Mortham, Secretary of State

APPLICATION BY FOREIGN LIMITED PARTNERSHIP FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

1. DRAKE ENTERPRISES LIMITED PARTNERSHIP
(Name of limited partnership as it is in the home state)

2. _____
(If name is unavailable, name under which the limited partnership proposes to register or transact business in Florida; must contain the word "LIMITED" or "LTD.")

3. NEVADA 4. 5/09/97 (MAY 9, 1997)
(State of Formation) (Date of Formation)

5. RALPH ST LUCE
(Name of Registered Agent for Service of Process)

6. 500 NW 157 Street
(Street Address of Registered Office)
Miami, Florida 33169
(City) (Zip Code)

7. Acceptance by the Registered Agent for Service of Process.

X [Signature]
(Agent must sign on this line)

8. 500 NW 157 Street Miami FL 33169
(Address of registered office required in state of formation or, if not required, address of principal office.)

9. NAMES OF GENERAL PARTNERS STREET ADDRESS

RALPH ST LUCE 500 NW 157 Street MIAMI FL 33169

10. _____
(Office where Names, Addresses and Contributions of Limited Partners are kept.)

11. The limited partnership will undertake to keep the records listing the addresses and capital contributions of the limited partner or limited partners until the limited partnership's registration in Florida is cancelled or withdrawn.

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

BEFORE ME the undersigned personally appeared RALPH ST LUCE,
a general partner of DRAKE ENTERPRISES, a (an) NEVADA limited partnership,
hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is \$ 100.00.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 100.00.

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

This 6 day of October, 19 97.

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TALLAHASSEE, FLORIDA


X R. St Luce
General Partner

STATE OF FLORIDA

COUNTY OF Dade

On this _____ day of October, 19 97, RALPH ST LUCE

personally appeared before me, ☒ who is personally known to me
☐ whose identity I proved on the basis of _____

 Yvonne Gibson
YVONNE GIBSON (Notary Public Signature)
My Commission CC429335
Expires Dec 26 1998
Bonded by HAI
800-422 1555 (Notary's Printed Name)

Seal My Commission Expires: 12-26-98

12. 500 NW 157 Street, Miami FL 33169

(Mailing Address of Limited Partnership)

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

This day of 6, October, 19 97

X [Signature]
General Partner

STATE OF FLORIDA

COUNTY OF DADE

On this _____ day of October, 19 97, RALPH ST LUCAS

personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

[Signature]
(Notary Public Signature)

(Notary's Printed Name)

YVONNE GIBSON
My Commission CC429335
Expires Dec 26 1998
Bonded by HAI
800-422 1555

Seal

My Commission Expires: 12-26-98

FILED
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TALLAHASSEE, FLORIDA
SECRETARY OF STATE