

139900000138

CCRS

105 N. MERIDIAN STREET, LOWER LEVEL
TALLAHASSEE, FL 32301
904/222-1113

FILING COVER SHEET
ACCT. #FCA-14

FILED IN STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
99 MAR 19 AM 11:48

CONTACT: CINDY HICKS

DATE: _____

REF. #: _____

CORP. NAME: Key Hospitality + Healthcare
Limited Partnership

- ARTICLES OF INCORPORATION
- ARTICLES OF AMENDMENT
- ARTICLES OF DISSOLUTION
- ANNUAL REPORT
- TRADEMARK/SERVICE MARK
- FICTITIOUS NAME
- CERT. OF AUTHORITY
- LIMITED PARTNERSHIP
- LIMITED LIABILITY
- REINSTATEMENT
- MERGER
- WITHDRAWAL
- CERTIFICATE OF CANCELLATION
- UCC-1
- UCC-3
- OTHER: _____

6

STATE FEES PREPAID WITH CHECK# 37108 FOR \$ 1,837.50

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

COST LIMIT: \$ 3K 3/19/99

PLEASE RETURN:

- CERTIFIED COPY
- CERTIFICATE OF STATUS
- PLAIN STAMPED COPY

DIVISION OF CORPORATIONS
99 MAR 19 AM 11:29

300002812043--1
-03/19/99--01065--026
***1837.50 ***1837.50

Examiner's Initials

RECEIVED

File 2006



**PLEASE GIVE ORIGINAL SUBMISSION
DATE AS FILE DATE.**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 MAR 19 AM 11:48**

March 19, 1999

CINDY HICKS
CORPORATE & CRIMINAL RESEARCH
TALLAHASSEE, FL

SUBJECT: KEY HOSPITALITY & HEALTHCARE LIMITED PARTNERSHIP
Ref. Number: W99000006698

We have received your document for KEY HOSPITALITY & HEALTHCARE 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):

Before this partnership can be qualified, you must complete the qualification of its corporate general partner -- DDL CORPORATION, INC.

ALSO, PLEASE NOTE that when you return the limited partnership documents, we do NOT need the ARKANSAS certificate.,

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) 487-6914.

Buck Kohr
Corporate Specialist

Letter Number: 299A00013850

RECEIVED
99 MAR 25 AM 10:03

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 99 MAR 19 AM 11:48

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

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

1. Key Hospitality & Healthcare 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. Arkansas (State of Formation) 4. January 29, 1999 (Date of Formation)

5. CT Corporation System (Name of Registered Agent for Service of Process)

6. 1200 S. Pine Island Road (Street Address of Registered Office)

Plantation, Florida 33324 (City) (Zip Code)

7. Acceptance by the Registered Agent for Service of Process. (see attachment) (Agent must sign on this line)

8. 200 North Greenwood Avenue, Fort Smith, Arkansas 72901 (Address of registered office required in state of formation or, if not required, address of principal office.)

9. NAMES OF GENERAL PARTNERS STREET ADDRESS

DDL Corporation, Inc. 200 North Greenwood Ave., Fort Smith, AR 72901

(Doing business in Florida under the assumed name of DDL of Arkansas, Inc.)

10. 200 North Greenwood Avenue, Fort Smith, AR 72901 (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.

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99 MAR 19 AM 11:48

12. P.O. Box 126

Fort Smith, Arkansas 72902

(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 _____, March 4, 1999

DDL Corporation, Inc. by:

C. David Curry
General Partner : C. DAVID CURRY

STATE OF ARKANSAS

COUNTY OF SEBASTIAN

On this 4 day of March, 1999,

personally appeared before me,

who is personally known to me

whose identity I proved on the basis of _____

Shirley S. Wolfe
(Notary Public Signature)

Shirley S. Wolfe
(Notary's Printed Name)

Seal

My Commission Expires: 11/1/2000

FILED STATE SECRETARY OF CORPORATIONS
99 MAR 19 AM 11:48

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared C. David Curry, President of DDL, Inc.
a general partner of Key Hospitality & Healthcare, Limited Partnership, a (an) Arkansas limited partnership,
hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is \$ 300,000.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 300,000.

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 4 day of March, 19 99

DDL, Inc. by: Corporation

C. David Curry
General Partner: C. DAVID CURRY

STATE OF ARKANSAS

COUNTY OF SEBASTIAN

On this 4 day of March, 19 99,

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

Shirley S. Wolfe
(Notary Public Signature)

Shirley S. Wolfe
(Notary's Printed Name)

Seal

My Commission Expires: 11/1/2000

ACCEPTANCE OF APPOINTMENT

FILED
SECRETARY OF STATE'S
DIVISION OF CORPORATIONS
JAN 19 AM 11:48

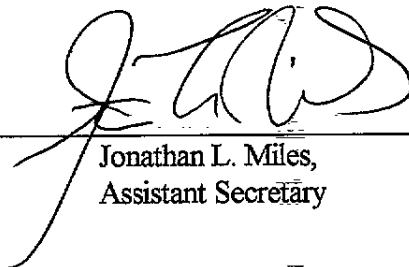
RE: **KEY HOSPITALITY & HEALTHCARE, LIMITED PARTNERSHIP**

The undersigned acknowledges and accepts its appointment as registered agent of the above limited partnership.

Dated: October 5, 1998

C T CORPORATION SYSTEM

By _____



Jonathan L. Miles,
Assistant Secretary