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10/19/06--01014--023 **1061.25

SECRETARY OF STATE CHYSION OF CORPORATIONS

COVER LETTER

TO: Registration Section Division of Corporations **SUBJECT:** Magellan Aviation Leasing LLLP (Name of Florida Limited Partnership or Limited Liability Limited Partnership) The enclosed Certificate of Limited Partnership and fees are submitted for filing. Please return all correspondence concerning this matter to: Amanda Vaughan (Contact Person) Magellan Aircraft Services LLC (Firm/Company) 701 Park of Commerce Blvd., Suite 100 (Address) Boca Raton, FL 33487 (City, State and Zip Code) For further information concerning this matter, please call: at (561) 998 4744 (x103) (Area Code and Daytime Telephone Number) Amanda Vaughan (Name of Contact Person) Enclosed is a check for the following amount: \$1,000.00 Filing Fees \$1,008.75 Filing Fees \$1,052.50 Filing Fees \$1,061.25 Filing Fees, and Certificate of Certified Copy, and and Certified Copy (\$965 Filing Fee and Certificate of Status \$35 Registered Agent Status Fee) **MAILING ADDRESS:** STREET ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

CR2E030 (01/06)

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

CERTIFICATE OF LIMITED PARTNERSHIP FOR FLORIDA LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

Magellan Aviation Leasing LLLP

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)

Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.

Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P.

or LLLP.

2,701 Park of Commerce Blvd., Suite 100
(Street address of initial designated office)
Boca Raton, FL 33487
3. Amanda Vaughan 3
(Name of Registered Agent for Service of Process)
4,701 Park of Commerce Blvd., Suite 100
(Florida street address for Registered Agent)
Boca Raton, FL 33487
5. 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. Signature of Registered Agent
6.701 Park of Commerce Blvd., Suite 100
(Mailing address of initial designated office)
Boca Raton, FL 33487

7. If limited partnership elects to be a limited liability limited partnership, check box

8. Name and business address of each Name:	h general partner: Business Address:	ا المستخدم المعادي المراد المادي المراد		
Magellan Aircraft Services I	LC 701 Park of Comm	701 Park of Commerce Blvd.,		
#L0200001224	Suite 100	Suite 100		
	Boca Raton, FL 33	3487		
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9. Effective date, if other than the date of fili	ng:	· · · · · · · · · · · · · · · · · · ·		
(Effective date cannot be prior to nor filed by the Florida Department of Sta		document is		
Signed this 11th day of	October, 200	6		
Signature of each general partner:		÷		
William Tobyi, A		AN AIRCRAFT		
	SERVIC	es uc.		
	The state of the s	<u> </u>		
Certified Copy (optional):	\$1,000.00 (\$965 Filing Fee and \$35 Regist \$52.50 \$8.75 Page 2 of 2	ered Agent Fee)		