CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870
Mailing Address: Post Office Box 10349, Tallahassee, FL 32302
TOLL FREE No. 1-800-342-8062
FAX (904) 224-1259

A95000000799

NAME _____
FIRM _____
ADDRESS _____
_____
_____
PHONE ( ) _____

Service: Top Priority _____ Regular _____
One Day Service Two Day Service

To us via _____ Return via _____

Mailer No.: _____ Express Mail No. _____

State Fee $ _____ Our $ _____

W45000000799

05/25/95

C. TAX _____
FILING 122.74
R. AGENT FEE 35.00
COPY 52.50
TOTAL 210.24
BANK _____
BALANCE DUE _____
REFUND _____

REQUEST	TAKEN	CONFIRMED	APPROVED
DATE			
TIME			CK No.
BY	JW		

WALK-IN
Will Pick Up 5:22

11 2529-7 FONDER'S INC., THOMASVILLE, GA.

RE: Start Jet Center, Ltd

	C.C. FEE	DISBURSED
Capital Expense		
Art. of Amend. File		
Corp. Record Search		
Ltd. Partnership File		
Foreign Corp. File		
( ) Cert. Copy(s)		
Art. of Amend. File		
Dissolution/Withdrawal		
C.U.S.		
Fictitious Name File		
Name Reservation		
Annual Report/Reinstatement		
Reg. Agent Service		
Document Filing	000001502570 -05/31/95--01107--019	****161.00 ****161.00
Corporate Kit		
Vehicle Search		
Driving Record		
Document Retrieval		
UCC 1 or 3 File		
UCC 11 Search		
UCC 11 Retrieval		
File No.'s. Copies		
Courier Service		
Shipping/Handling		
Phone ( )		
Top Priority		
Express Mail Prep		
FAX ( ) pgs.	000001502570 -05/31/95--01107--020	****50.24 ****50.24
SUBTOTALS		

FILED
95 MAY 25 AM 10:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEE	$
DISBURSED	$
SURCHARGE	$
TAX on corporate supplies	$
SUBTOTAL	$
PREPAID	$
BALANCE DUE	$
	$

Please remit invoice number with payment
TERMS: NET 10 DAYS FROM INVOICE DATE
1 1/2% per month on Past Due Amounts
Past 30 Days, 18% per Annum.

THANK YOU
from
Your Capital Connection

CERTIFICATE OF LIMITED PARTNERSHIP

OF

1. STUART JET CENTER, LTD.
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")

2. 2501 SE Aviation Way, Stuart, Florida 34994
(The Business Address of Limited Partnership)

3. Marc B. Cohen, Esquire
(Name of Registered Agent for Service of Process)

4. 217 E. Ocean Blvd., Stuart, Florida 34995
(Florida Street Address for Registered Agent)

5. _____
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)

6. 2501 SE Aviation Way, Stuart, Florida 34994
(The Mailing Address of the Limited Partnership)

7. The latest date upon which the Limited Partnership is to be dissolved is on 12-31-2024.

8. NAME OF GENERAL PARTNER(S) — SPECIFIC ADDRESS

CDM AIR, INC. — 2501 SE Aviation Way, Stuart, Florida 34996

594788

Signed this 11 day of May, 1995.

Signature of all general partners:

CDM AIR, INC., a Florida corporation as General Partner of Stuart Jet Center, Ltd.

By: _____
pres.

GENERAL PARTNER

By: _____, As
President of CDM AIR, INC.

FILED
95 MAY 25 AM 10:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
95 MAY 25 AM 10:45

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned, constituting all of the general partners of STUART JET CENTER, LTD., a Florida Limited Partnership, certify as follows:

The amount of capital contributions to date of the limtied partners is $17,678.36.

The total amount contributed and anticipated to be contributed by the limited partners at this time totals $17,678.36.

This 11 day of May, 1995.

FURTHER AFFIANT SAYETH NAUGHT.

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

CDM AIR, INC., a Florida corporation as General Partner of Stuart Jet Center, Ltd.

By: _____

GENERAL PARTNER

By: _____
Jack A. MacDonald, As
President of CDM AIR, INC.

STATE OF FLORIDA
COUNTY OF MARTIN

I HEREBY CERTIFY, that on this day, before me, an officer duly authorized to administer oaths and take acknowledgment, personally appeared JACK A. MacDONALD, as President of CDM AIR, INC., known to me to be the person described in and who executed the foregoing instrument, who acknowledged before me that he executed the same, produced _____ as identification and that an oath (was)(was not) taken.

WITNESS my hand and official seal in the County and State last aforesaid this 22nd day of May 1995.

NOTARY RUBBER STAMP SEAL

Notary Signature

Printed Notary Signature

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 25 AM 10:46

FILE ON OR BEFORE DECEMBER 31, 1995 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND $500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 JAN 29 PM 4:19

SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. Name of Limited Partnership

STUART JET CENTER, LTD.

1a. DOCUMENT # **A95000000799**

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, If Applicable

300001704988
-02/02796--0102--016
****262.50 ****262.50

Suite, Apt. # etc.

City, State & Zip

2a. New Principal Office Address, If Applicable

Suite, Apt. # etc.

City, State & Zip

Mailing Address
2501 S.E. AVIATION WAY
STUART FL 34995

Principal Office Address
2501 S.E. AVIATION WAY
STUART FL 34995

If above addresses are incorrect in any way, box through the incorrect address(es) and write correct address in Block 2 and/or 2a

3. Date Formed or Registered to Do Business in FLORIDA	3a. Date of Last Report	4. State or Country of Formation
05/25/1995		FL

5a. Capital Contributions as Shown on Record	5b. Amount of Capital Contributions in FLORIDA to date	6. FEI Number	7. CERTIFICATE OF STATUS REQUIRED
$17,678.36	17,678.36	65-0513816	Applied For ☐ Not Applicable ☐ $8.75 Additional Fee required for a Certificate of Status

8. **FEES:** 1.) Filing Fee. Computed at a rate of $7 per $1,000 on amount entered in 5b or 5a if 5b blank, with a minimum filing fee of $52.50 and a maximum of $437.50
2.) Supplemental Fee. $138.75 (pursuant to section 607.193, F.S.)
THE AMOUNT DUE SHALL BE NO LESS THAN $191.25 ($52.50 + $138.75) AND NO MORE THAN $576.25 ($437.50 + $138.75)
Note: If the amount entered in 5b is greater than amount entered in 5a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.
MAKE CHECK PAYABLE TO FLORIDA DEPT. OF STATE

9. **Name and Address of Current Registered Agent**

COHEN, MARC B ESQ.
217 E. OCEAN BLVD.
STUART FL 34995

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. # etc.

City FL Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.102, Florida Statutes, the above named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of, section 620.102, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
CDM AIR, INC.	2501 S.E. AVIATION WA	STUART FL 34995	S99788

AR - $123.75
SF. $138.75

1-30-96 ar

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I/We hereby certify that the information supplied with this filing, if voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, authorize the Division of Corporations to release my/our Social Security Number(s) for the purpose of complying with Section 119.07(3)(i), Florida Statutes. I/We further certify that the information indicated on this report is true and accurate and that my/our signature shall have the same legal effect as if made under oath; I/we further certify that I am a General Partner of the limited partnership (or owner or trustee authorized to execute report) required by Chapter 620, Florida Statutes.

SIGNATURE Jack MacDonald pres DATE 1-24-96

Typed or Printed Name of General Partner Signing Form JACK MACDONALD Telephone Number (407) 288-6700

CR2E003 (6/95)

0010097