CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1 Tallahassee, FL 32301 (904)224-8870
Mailing Address: Post Office Box 10 Tallahassee, FL 32302
FL Toll Free (800) 342-8062
FAX (904) 222-8222

A95000001159

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

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

To us via _____ Return via _____

Matter No.: _____ Express Mail No. _____

State Fee $ _____ Our $ _____

BK 8/1/95

C. TAX _____
FILING 52.50
AGENT FEE 35.00
COPY 52.50
TOTAL 140.00
A. BANK _____
BALANCE DUE _____
REFUND _____

_____ of _____

RE: _____

	C.C. FEE.	DISBURSED
_____ Capital Express℠		
_____ Art. of Inc. 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		
_____ Corporate Kit		
_____ Vehicle Search		
_____ Driving Record		
_____ Document Retrieval		
_____ UCC 1 or 3 File	300001552873	
_____ UCC 11 Search	-08/03/95--01055--014	
_____ UCC 11 Retrieval	****140.00	****140.00
____ File No.'s, ____ Copies		
_____ Courier Service _____		
_____ Shipping/Handling		
_____ Phone ( )		
_____ Top Priority _____		
_____ Express Mail Prep. _____		
_____ FAX ( ) pgs.		
_____		
SUBTOTALS _____		

95 AUG -1 AM 10:37
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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

REQUEST	TAKEN	CONFIRMED	APPROVED
DATE	_____	_____	_____
TIME	_____	_____	CK No. _____
BY	AAK	_____	_____

WALK-IN
Will Pick Up 8-1 1200

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 AUG -1 AM 10:17

CERTIFICATE OF LIMITED PARTNERSHIP

The undersigned, desiring to form a limited partnership pursuant to the laws of the State of Florida, certifies as follows:

1. **Name of Limited Partnership.** The name of the Limited Partnership is Larsen Cellular Communications, Ltd.

2. **Office for Maintenance of Business Records.** The address of the office in which the records of the Limited Partnership will be kept, as required by Section 620.106, Florida Statutes, is 2180 State Road 434 West, Suite 2130, Longwood, Florida 32779.

3. **Agent for Service of Process.** The name and address of the partnership's agent for service of process in Florida is Larsen Cellular Communications, Inc., 2180 State Road 434 West, Suite 2130, Longwood, Florida 32779.

4. **General Partner.** The name and business address of the general partner in the Limited Partnership is as follows: Larsen Cellular Communications, Inc., 2180 State Road 434 West, Suite 2130, Longwood, Florida 32779. P95000004 79

5. **Address of Partnership.** The mailing address of the Limited Partnership is 2180 State Road 434 West, Suite 2130, Longwood, Florida 32779.

6. **Date of Dissolution.** The latest date on which the Limited Partnership is to dissolve is the fortieth anniversary of the filing date of this certificate.

7. **Effective Date.** This Limited Partnership shall be deemed formed on August 1, 1995.

Dated: 8/1/95
Orlando, Florida

Larsen Cellular Communications, Inc.

By: _____
David H. Larsen, President

MRM:306225
\doc-ltpd.mnb

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

The undersigned, who is the General Partner of Larsen Cellular Communications, Ltd., declares that the capital contribution of all the Limited Partners in the Partnership are as follows:

1. The Limited Partners have made a capital contribution in the following amount:

ONE THOUSAND AND 12/100 DOLLARS ($1,000.12)

2. It is anticipated that the Limited Partners listed below will make capital contributions in the future in the following amounts:

Name of Limited Partner	Amount Contribution
None at this time.	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 AUG -1 AM 10:37

Dated: 8/1/95
Orlando, Florida

Larsen Cellular Communications, Inc.

By: _____
David H. Larsen, President

Sworn to and subscribed before me this 1 day of August, 1995.

_____
Notary Public

My commission expires:

MARCOS R. MARCHENA
NOTARY
My Comm. Expires
Jan. 1, 1998
No. CC 384868
PUBLIC
STATE OF FLORIDA

MRM:306225
\aff-ltdp.mnb

A95000001159

FILED
96 MAY 20 PM 1:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100001338281
-05/24/96--01032--007
****752.50 *****52.50

OFFICE USE ONLY (Document #)

Larsen Cellular Communications, Ltd.
(Requestor's Name)
2180 State Rd. 434 W., #2130
(Address)
Longwood, FL 32779
(City, State, Zip) (Phone #)

OFFICE USE ONLY

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

1. Larsen Cellular Communications, Ltd.
(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

$52.50 - FF
CM

	NEW FILINGS
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

	AMENDMENTS
	Amendment
	Resignation of R.A., Officer/Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

	OTHER FILINGS
	Annual Report
	Fictitious Name
	Name Reservation

	REGISTRATION/ QUALIFICATION
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

Examiner's Initials	

CR2E031(9/92)

FILED
95 MAY 20 PM 1:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

SUPPLEMENTAL AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FLORIDA LIMITED PARTNERSHIP

The undersigned general partners of Larsen Cellular Communications, Ltd. _____, a Florida Limited Partnership, executed this supplemental affidavit filed pursuant to section 620.112, Florida Statutes.

The total amount of the capital contributions of the limited partners is: $ 1,000.00 .

This 15th day of May , 19 96 .

FURTHER AFFIANT SAYETH NOT.

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

General Partner(s)

_____

_____

_____

FEES:
$7 per $1,000 based on the additional contributions
(Minimum $52.50 - Maximum $1,750.00)

IN:SE20(3/95)

FILE ON OR BEFORE APRIL 5, 1996 TO AVOID REVOCATION AND $500 PENALTY FEE

LIMITED PARTNERSHIP* ANNUAL REPORT 1996

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

FILED
96 MAY 20 PM 1:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT # A95000001159

LARSEN CELLULAR COMMUNICATIONS, LTD.

$69.25-FF
$6.75-COS

Mailing Address
2180 STATE ROAD 434 WEST, SUITE 2130
LONGWOOD FL 32779

Principal Office Address
2180 STATE ROAD 434 WEST, SUITE 2130
LONGWOOD FL 32779

If above addresses are incorrect in any way, line through the incorrect information and enter correct address in Block 2 and/or 2a

2. New Mailing Address, If Applicable
Suite, Apt. #, etc. 800001838278
-05/24/96--01032--007
City, State & Zip ****752.50 ****700.00

2a. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City, State & Zip

3. Date Formed or Registered to Do Business in FLORIDA: 08/01/1995
3a. Date of Last Report:
4. State or Country of Formation: FL

5a. Capital Contributions as Shown on Record: $1,000.00
5b. Amount of Capital Contributions in FLORIDA to date:
6. FEI Number: 59-3326717
Applied For / Not Applicable
7. CERTIFICATE OF STATUS REQUIRED — $8.75 Additional Fee required for a certificate of status — X

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
LARSEN CELLULAR COMMUNICATIONS, INC.
2180 STATE ROAD 434 WEST, SUITE 2130
LONGWOOD FL 32779

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 620.192, 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 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) ______ DATE ______

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

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
[redacted] LARSEN CELLULAR COMMUNICATIONS, INC.	2180 STATE ROAD 434 W / 2180 STATE ROAD 434 WEST, SUITE 2130	LONGWOOD FL 32779	P9300000479

REINSTATEMENT 96-COS.
CM

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

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(x), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(x) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE: [signature] DATE: April 23, 1996

Typed or Printed Name of General Partner Signing Form: David H. Larsen, President, General Partner
Telephone Number: (407) 862-8989

CR2E033 (11/95)