1201 Hays Street
Tallahassee, FL 32301
904-222-9171
800-342-8086

A95000001799

CSC networks
PRENTICE HALL
LEGAL & FINANCIAL SERVICES

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 NOV 21 AM 11:44

ACCOUNT NO. : 072100000032

REFERENCE : 742622 6460A

AUTHORIZATION :

COST LIMIT : 9 PPD

ORDER DATE : November 21, 1995

ORDER TIME : 1:30 PM

ORDER NO. : 742622

CUSTOMER NO: 6460A

CUSTOMER: Pattie M. Callahan, Legal Asst
LOWNDES, DROSDICK, DOSTER,
KANTOR & REED
215 N. Eola Drive

Orlando, FL 32801

400001648924
-11/29/95--01075--018
***1837.50 ***1837.50

TAX	
FILING	1750.00
R. AGENT FEE	35.00
C. COPY	52.50
TOTAL	$1837.50
N. BANK	
BALANCE DUE	
REFUND	

RECEIVED
95 NOV 21 PM 2:20
SECRETARY OF STATE
CORPORATION

DOMESTIC FILING

NAME: QUALIFIED GAS GROUP, LTD.

____ ARTICLES OF INCORPORATION
XX CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
____ PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

11/21/95

CONTACT PERSON: Jeanine Prezeau

EXAMINER'S INITIALS:

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 NOV 21 AM 11:44

CERTIFICATE OF LIMITED PARTNERSHIP

The undersigned, hereby makes, acknowledges and files with the Secretary of State of the State of Florida, this Certificate of Limited Partnership for the purpose of forming a limited partnership for profit in accordance with the laws of the State of Florida.

1. **NAME OF PARTNERSHIP.** The name of the partnership shall be QUALIFIED GAS GROUP, LTD.

2. **LOCATION OF PRINCIPAL PLACE OF BUSINESS.** The principal place of business of the partnership shall be located at 3649 All American Blvd., Orlando, Florida 32810, or at such other place or places as the General Partners shall from time to time determine.

3. **NAME AND ADDRESS OF THE AGENT FOR SERVICE OF PROCESS.**

Robert F. Higgins, Esquire
215 North Eola Drive
Orlando, Florida 32801

4. **NAME AND BUSINESS ADDRESS OF EACH GENERAL PARTNER.**

Qualified Gas Corp.
3649 All American Blvd.
Orlando, Florida 32810

P95000089394

5. **MAILING ADDRESS OF THE LIMITED PARTNERSHIP.**

3649 All American Blvd.
Orlando, Florida 32810

238339\CALLAHPM

6. **TERM.** The partnership shall be dissolved on December 31, 2035 unless sooner dissolved and terminated prior to such date as provided in the Limited Partnership Agreement of the partnership.

EXECUTED this 17 day of November, 1995.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 NOV 21 AM 11:

QUALIFIED GAS CORP., a Florida corporation, General Partner

By: Kent A. Weisner
Kent A. Weisner, President

STATE OF FLORIDA)
COUNTY OF ORANGE)

BEFORE ME, the undersigned authority, personally appeared Kent A. Weisner, President of Qualified Gas Corp., General Partner of Qualified Gas Group, Ltd., known to me to be the person who executed the foregoing Certificate of Limited Partnership and who acknowledged before me that he executed the Certificate of Limited Partnership for the purposes therein stated. In witness whereof, I have hereunto set my hand and seal this 17th day of November, 1995.

Patricia M. Callahan
Notary Public
My Commission Expires:

PATRICIA M. CALLAHAN
MY COMMISSION # CC 178154 EXPIRES
March 17, 1998
BONDED THRU TROY FAIN INSURANCE, INC.

AFFIDAVIT OF LIMITED PARTNERS' CONTRIBUTIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 NOV 21 AM 11:14

Pursuant to the provisions of the Florida Revised Uniform Limited Partnership Act, Florida Statutes, Chapter 620.108, the undersigned, after first being duly sworn, deposes and says that the capital contributions of the Limited Partners of QUALIFIED GAS GROUP, LTD., are $481,079.00.

Under certain circumstances the Limited Partners may be required in the future to make additional capital contributions to the Partnership.

SWORN AND SUBSCRIBED as of the 17 day of November, 1995.

Sworn and subscribed to
before me by Kent A. Weisner,
President of Qualified Gas
Corp, General Partner of
Qualified Gas Group, Ltd.
this 17th day of November,
1995.

Patricia M. Callahan
Notary Public
My Commission Expires:

PATRICIA M. CALLAHAN
MY COMMISSION # CC 179054 EXPIRES
March 17, 1996
BONDED THRU TROY FAIN INSURANCE, INC.

QUALIFIED GAS CORP., a Florida corporation, General Partner

By: Kent A. Weisner
Kent A. Weisner

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 NOV 21 AM 11:

ACCEPTANCE OF REGISTERED AGENT

THE UNDERSIGNED, Robert F. Higgins, accepts his designation as Registered Agent for QUALIFIED GAS GROUP, LTD. and the obligations imposed on him as Registered Agent pursuant to the Florida Revised Uniform Limited Partnership Act, Florida Statutes, Chapter 620.

EXECUTED this 17th day of November, 1995.

Robert F. Higgins, Registered Agent

STATE OF FLORIDA)
COUNTY OF ORANGE)

BEFORE ME, the undersigned authority, personally appeared Robert F. Higgins, known to me to be the person who executed the foregoing Acceptance of Registered Agent.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 17th day of November, 1995.

Patricia M. Callahan
Notary Public
My Commission Expires:

PATRICIA M. CALLAHAN
MY COMMISSION # CC 178054 EXPIRES
March 17, 1998
BONDED THRU TROY FAIN INSURANCE, INC.

FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND $600 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1996

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

95 DEC 27 PM 1:17
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

DO NOT WRITE IN THIS SPACE

1. Name of Limited Partnership

QUALIFIED GAS GROUP, LTD.

1a. DOCUMENT # **A95000001799**

Mailing Address
3649 All American Blvd.
Orlando, FL 32810

Principal Office Address
3649 All American Blvd.
Orlando, FL 32810

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
City, State & Zip

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

3. Date Formed or Registered to Do Business in FLORIDA: **11/21/95**

3a. Date of Last Report:

4. State or Country of Formation: **Florida**

5a. Capital Contributions as Shown on Record: **$481,079.00**

5b. Amount of Capital Contributions in FLORIDA to date: **$481,079.00**

6. FEI Number: X Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS REQUIRED ☐ [redacted]

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

ROBERT F. HIGGINS, ESQUIRE
215 NORTH EOLA DRIVE
ORLANDO, FLORIDA 32801

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
QUALIFIED GAS CORP.	**3649 All American Blvd.**	**Orlando,FL 32810**	**P95000089394**

500001678215
-01/04/96--01040--023
****576.25 ****576.25

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)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) 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 Kent A. Weisner, President DATE 11-27-95

Kent A. Weisner, Pres. of Qualified Gas Corp., General Partner
Typed or Printed Name of General Partner Signing Form

Telephone Number **299-3900**

CR2E003 (6/95)