BOIOOOOOQQQQQQ

TO: Registration Section Division of Corporations

SUBJECT: Nevada Conquest Aviation Limited Partnership

Dear Sir or Madam:

Please return all correspondence concerni Andrew R. Weston	ing this matter to the following:	F II 01 AUG 20 SECRETAR TALLAHASS
Cobb Partners	(Name of Person)	YOF ST
255 Aragon Avenue, Suite 333	(Firm/Company)	A DE
Coral Gables, FL 33134	(Address)	
	(City/State and Zip code)	
For further information concerning this ma	atter, please call:	00045431393 -08/20/0101129008 *****87.50 *****87.50
Andrew R. Weston a (Name of Person)	At (305) 476-7453 (Area Code & Daytime Telepho	-

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

BO1-290

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

(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 "LID.") 3. Nevada 4. July 31, 2001 (State of Formation) 5. United States Registered Agents, Inc. (Name of Registered Agent for Service of Process) 6. 329 Granello Avenue (Street Address of Registered Office) Coral Gables (City) 7. Acceptance by the Registered Agent for Service of Process: (Agent must sign on this line) 8. (Agent must sign on this line) 9. NAMES OF GENERAL PARTNERS Cobb Nevada Partners 255 Aragon Avenue, Suite 333, Coral Gables, FL (Office where Names, Addresses and Contributions of Limited Partners are kept.)	1	Nevada Conquest Aviation L					
(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. Nevada (State of Formation) 5. United States Registered Agents, Inc. (Name of Registered Agent for Service of Process) (Street Address of Registered Office) Coral Gables (City) 7. Acceptance by the Registered Agent for Service of Process: (Agent must sign on this line) (Agent must sign on this line) 8. STREET ADDRESS Cobb Nevada Partners, Inc. C/o Cobb Partners 255 Aragon Avenue, Suite 333, Coral Gables, FL 33134		(Name of limited	partnership as i	t is in the home	e state)		
3. Nevada (State of Formation) (Date of Formation) 5. United States Registered Agents, Inc. (Name of Registered Agent for Service of Process) (Street Address of Registered Office) (City) 7. Acceptance by the Registered Agent for Service of Process: (Agent must sign on this line) 8. (Agent must sign on this line) 8. (Agent must sign on this line) 8. (Agent must sign on this line) 9. NAMES OF GENERAL PARTNERS Cobb Nevada Partners, Inc. (Agent must sign on Avenue, Suite 333, Coral Gables, FL 33134	2					<u> </u>	
United States Registered Agents, Inc. (Name of Registered Agent for Service of Process) (Street Address of Registered Office) (City) (City) (City) (City) (Agent must sign on this line) (Address of registered office required in state of formation or, if not required, address of principal office.) NAMES OF GENERAL PARTNERS (Cobb Nevada Partners, Inc. (Cobb Partners 255 Aragon Avenue, Suite 333, Coral Gables, FL 33134)	(If na	ame is unavailable, name under which the lim must contain th	ited partnership ne word "LIMI"	p proposes to re TED" or "LTD	egister or transact l .")	ousiness in Flori	ida;
5. United States Registered Agents, Inc. (Name of Registered Agent for Service of Process) (Street Address of Registered Office) (City) (City) 7. Acceptance by the Registered Agent for Service of Process: (Agent must sign on this line) 8	3		4	July 3	1, 2001		
(Name of Registered Agent for Service of Process) 329 Granello Avenue (Street Address of Registered Office) Coral Gables (City) 7. Acceptance by the Registered Agent for Service of Process: (Agent must sign on this line) 8		(State of Formation)		(I	Date of Formation)		
(Street Address of Registered Office) Coral Gables (City) 7. Acceptance by the Registered Agent for Service of Process: (Agent must sign on this line) 8.	5					SEO!	01 A
Coral Gables (City) 7. Acceptance by the Registered Agent for Service of Process: (Agent must sign on this line) 8. 502 East Johns Street, Suite E, Carson City, Nevada 89706 (Address of registered office required in state of formation or, if not required, address of principal office.) 9. NAMES OF GENERAL PARTNERS Cobb Nevada Partners, Inc. C/o Cobb Partners 255 Aragon Avenue, Suite 333, Coral Gables, FL 33134		(Name of Registe	red Agent for S	Service of Proc	ess)		
Coral Gables (City) 7. Acceptance by the Registered Agent for Service of Process: (Agent must sign on this line) 8. 502 East Johns Street, Suite E, Carson City, Nevada 89706 (Address of registered office required in state of formation or, if not required, address of principal office.) 9. NAMES OF GENERAL PARTNERS Cobb Nevada Partners, Inc. C/o Cobb Partners 255 Aragon Avenue, Suite 333, Coral Gables, FL 33134	6.	329 Granello Avenue				ASSE	20
(City) (Agent must sign on this line) (Agent must sign on this line) (Agent must sign on this line) (Address of registered office required in state of formation or, if not required, address of principal office.) 9. NAMES OF GENERAL PARTNERS Cobb Nevada Partners, Inc. (City) (Agent must sign on this line) STREET ADDRESS Cobb Nevada Partners, Inc. (Cobb Partners 255 Aragon Avenue, Suite 333, Coral Gables, FL 33134		(Street Ac	idress of Regis	tered Office)			P
7. Acceptance by the Registered Agent for Service of Process: (Agent must sign on this line) 8				, Florida	33146	STA STA	តិ ខ្មា
(Agent must sign on this line) 8. 502 East Johns Street, Suite E, Carson City, Nevada 89706 (Address of registered office required in state of formation or, if not required, address of principal office.) 9. NAMES OF GENERAL PARTNERS Cobb Nevada Partners, Inc. C/o Cobb Partners 255 Aragon Avenue, Suite 333, Coral Gables, FL 33134		(City)			(Zip Code)		Č
(Address of registered office required in state of formation or, if not required, address of principal office.) 9. NAMES OF GENERAL PARTNERS Cobb Nevada Partners, Inc. C/o Cobb Partners 255 Aragon Avenue, Suite 333, Coral Gables, FL 33134 10. c/o Cobb Partners 255 Aragon Avenue, Suite 333, Coral Gables, FL 33134		(Agen	t must sign on	this line)		-	
(Address of registered office required in state of formation or, if not required, address of principal office.) 9. NAMES OF GENERAL PARTNERS Cobb Nevada Partners, Inc. C/o Cobb Partners 255 Aragon Avenue, Suite 333, Coral Gables, FL 33134 10. c/o Cobb Partners 255 Aragon Avenue, Suite 333, Coral Gables, FL 33134	s.	(Agen	t must sign on	this line)			
(Address of registered office required in state of formation or, if not required, address of principal office.) 9. NAMES OF GENERAL PARTNERS Cobb Nevada Partners, Inc. C/o Cobb Partners 255 Aragon Avenue, Suite 333, Coral Gables, FL 33134 10. c/o Cobb Partners 255 Aragon Avenue, Suite 333, Coral Gables, FL 33134	<u> </u>	502 East Johns Street, Sui	te E. Car	son City.	Nevada 897	06	
Cobb Nevada Partners, Inc. c/o Cobb Partners 255 Aragon Avenue, Suite 333, Coral Gables, FL 33134 10. c/o Cobb Partners 255 Aragon Avenue, Suite 333, Coral Gables, FL 33134				-		ncipal office.)	
c/o Cobb Partners 255 Aragon Avenue, Suite 333, Coral Gables, FL 33134	9. N	AMES OF GENERAL PARTNERS		SI	TREET ADDRESS	3	
10. c/o Cobb Partners 255 Aragon Avenue, Suite 333, Coral Gables, FL 33134		Cobb Nevada Partners, Inc.	FO1-	-4320			
		c/o Cobb Partners 255 Ara	gon Avenu	e, Suite 3	333, Coral G	ables, FL	33134
		ala dala Paris			222 0 1 2		00707
Outlice where Names, Addresses and Contributions of Limited Partners are kept 1	10						33134

CONTINUED

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 canceled or

withdrawn.

12. c/o Cobb	Partners 255 Aragon Avenue, Suite 333, Coral Gables,	<u>FL 33134</u>	
		٠	
	(Mailing Address of Limited Partnership)		
Under penalties and that the facts	of perjury I, being duly sworn, declare that I have read the foregoing and know the contents stated herein are true and correct.	its thereof	
Signed this	O day of Avense 2001 Nevana Consucer Servention Limited for the stop		
Por	Nevara Conquest Aviction Limited for the ship		
STATE OF _\f	by Charles of Secretarian		- :
COUNTY OF 6	Miani Dase	OI AU SEORE	
	10 day of Quegues , 200,	AUG 20 PM 5: 00 ORETARY OF STATE LEAHASSEE, FI COIDA	<u> </u>
_ Anxe	EW ? Weston , personally appeared before	- STA-1	0
who is persona	ally known to me	34 0	•
whose identity	y I proved on the basis of		•
		<u> </u>	
	(Notary Public Signature)		··· -
	(Notary's Printed Name)		
Seal	ANNE E. CARIO MY COMMISSION # DD 037775 EXPIRES: June 28, 2005 Sonded Thru Notary Public Underwriters		

Ŧ

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

Andrew R. Weston, Treasurer and Secretary
BEFORE ME the undersigned personally appeared Cobb Nevada Partners, Inc.
a general partner of Nevada Conquest Aviation Limited Partnership Nevada
limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:
allowford - brick
1. The amount of capital contributions of the limited partners is \$ 20 5500.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of
transacting business in Florida is \$ 7,960
Under the penalties of perius. I being duly guerre declared by I
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.
mui me jacis sinien nerein are irue ana correct.
Signed this 18 day of Quests , 2001
Cosh Nevada la hors. The as general for his for Nevada anguest Aviation Limited for her stup
Nevada anguest Aviation Limited for the class
y Order and the Seas Theus
General Partner
AR) AR) SSS
STATE OF FLORIDA
COUNTY OF Mida; Day
On this 10 day of Ouzusr 200,
On this 18 day of Cluzus , 200,
Andrew R Weston personally appeared before me,
, personany appeared before me,
who is personally known to me
whose identity I proved on the basis of
An E. Carin
(Notary Public Signature)
ANDE E. CARIO ANNE CARIO
(Notary's Printed Name) ANNE E. CARIO MY COMMISSION # DD 037775
EXPIRES: June 28, 2005

My Commission Expires: 6/

Seal