

B15000000348

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
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Fax Number : (850)878-5368

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FLORIDA/FOREIGN LP/LLP
John B. Goodman Limited Partnership

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$1,000.00

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Please
File and
after
H15000301362
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: John B. Goodman Limited Partnership
Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The enclosed application, certificate of status and fees are submitted to register a foreign limited partnership or limited liability limited partnership to transact business in Florida.
Please return all correspondence concerning this matter to:

Susan Reiter
Contact Person
The Goodman Group
Firm/Company
1107 Hazeltine Boulevard, Ste 200
Address
Chaska, MN 55318
City, State and Zip Code
licensing@thegoodmangroup.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:
Susan Reiter at (612) 618-1682
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- \$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee)
- \$1,008.75 Filing Fees and Certificate of Status
- \$1,052.50 Filing Fees and Certified Copy
- \$1,061.25 Filing Fee, Certified Copy, and Certificate of Status

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP TO TRANSACT BUSINESS IN FLORIDA

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TALLAHASSEE, FLORIDA

1. John B. Goodman Limited Partnership

(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.

If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact business in Florida; must contain acceptable suffix.

2. Minnesota

State or Country of Formation

3. 06/07/1995

Date of Formation

4. Federal Employer Identification Number: 41-1813318

5. Name of Registered Agent for Service of Process and Florida Street Address:

NRAI Services, Inc.

1200 South Pine Island Road

Plantation, FL 33324

6. 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.

Michele Miller

Signature of Registered Agent

Michele Miller
Assistant Secretary

7. Principal Office:

1107 Hazeltine Boulevard, Ste 200

Chaska, MN 55318

8. Mailing Address:

1107 Hazeltine Boulevard, Ste 200

Chaska, MN 55318

9. If limited partnership is a limited liability limited partnership, check box.

10. Name, principal office address, and mailing address of each general partner:

Name of General Partner: Nirvana Air, Inc.

Name of General Partner:

Street Address: 1107 Hazeltine Boulevard, Ste 200

Street Address:

Chaska, MN 55319

Mailing Address: 1107 Hazeltine Boulevard, Ste 200

Mailing Address:

Chaska, MN 55319

Name of General Partner:

Name of General Partner:

Street Address:

Street Address:

Mailing Address:

Mailing Address:

Name of General Partner: _____ Name of General Partner: _____

Street Address: _____ Street Address: _____

Mailing Address: _____ Mailing Address: _____

11. Effective date, if other than the date of filing: filing date
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this 21st day of December, 202015

John B. Woodman
Signature of a general partner

The individual signing this document affirm that the facts stated herein are true and the individual is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Filing Fees:	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fcc)
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75

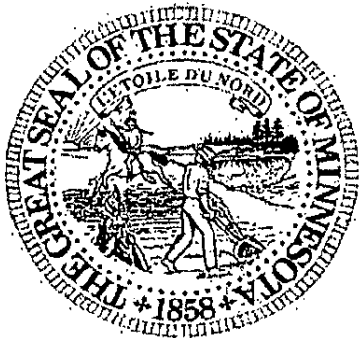
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**Office of the Minnesota Secretary of State
Certificate of Good Standing**

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name: John B. Goodman Limited Partnership
Date Filed: 06/07/1995
File Number: LP-6633
Minnesota Statutes, Chapter: 321
Home Jurisdiction: Minnesota

This certificate has been issued on: 12/21/2015



Steve Simon

Steve Simon
Secretary of State
State of Minnesota

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TALLAHASSEE, FLORIDA