120H HAYS STREET
TALLAHASSEE, FL 32301
800-342-8036

ACCOUNT NO. 072100000032

P95000004449

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95 DEC 12 PM 12:25
DIVISION OF CORPORATION

csc networks
LEGAL & FINANCIAL SERVICES

COST LIMIT : $ PREPAID

ORDER DATE : December 12, 1995

ORDER TIME : 10:49 AM

ORDER NO. : 763099

CUSTOMER NO: 109835A

CUSTOMER: Thomas F. Diorio, Esq
THOMAS F. DIORIO, PA

P. O. Box 1686

Winter Park, FL 32790-1686

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 DEC 12 PM 3:48

DOMESTIC FILING

600001665136
-12/19/95--01036--007
****735.00 ****735.00

NAME: WIMSATT-ABEE LIMITED PARTNERSHIP

C. TAX
FILING 700
R. AGENT FEE 35
C. COPY
TOTAL 735
N. BANK
BALANCE DUE
RETURN

XX ARTICLES OF INCORPORATION
___ CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

___ CERTIFIED COPY
XXX PLAIN STAMPED COPY
___ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Karen B. Rozar

EXAMINER'S INITIALS: 12/12/95

Florida Department of State, Sandra B. Mortham, Secretary of State

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 DEC 12 PM 3:48

1. WIMSATT-AEE LIMITED PARTNERSHIP
(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 "LTD.")?

3. KENTUCKY
(State of Formation)

4. DECEMBER 4 , 1995
(Date of Formation)

5. MR. TOM DIORIO
(Name of Registered Agent for Service of Process)

6. 174 W. COMSTOCK AVENUE, SUITE 215
(Street Address of Registered Office)

WINTER PARK
(City), Florida 32789
(Zip Code)

7. Acceptance by the Registered Agent for Service of Process.

Thomas J. Diorio
(Agent must sign on this line)

8. 2100 NATIONAL CITY TOWER, LOUISVILLE, KY 40202
(Address of registered office required in state of formation or, if not required, address of principal office.)

9. NAMES OF GENERAL PARTNERS — STREET ADDRESS

GEORGE M. WIMSATT, JR. — 1839 PLANTSIDE DR., LOUISVILLE, KY 40299

10. 1839 PLANTSIDE DRIVE, LOUISVILLE, KY 40299
(Office where Names, Addresses and Contributions of Limited Partners are kept.)

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of the limited partner or limited partners until the limited partnership's registration in Florida is cancelled or withdrawn.

CONTINUED

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 DEC 12 PM 3:48

12. 1839 PLANTSIDE DRIVE, LOUISVILLE, KY 40299

(Mailing Address of Limited Partnership)

Under 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.

This day of 4th, DECEMBER 1995.

General Partner GEORGE M. WIMSATT, JR.

STATE OF KENTUCKY

COUNTY OF JEFFERSON

On this 4th day of DECEMBER, 1995, GEORGE M. WIMSATT, JR.

personally appeared before me, ☒ who is personally known to me

☐ whose identity I proved on the basis of _____

(Notary Public Signature)

Walter J Sawyer Jr. State at Large Ky
(Notary's Printed Name)

Seal

My Commission Expires: June 15, 1996

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR FOREIGN LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 DEC 14 PM 3:48

BEFORE ME the undersigned personally appeared GEORGE M. WIMSATT, JR. *a general partner of* WIMSATT-AEE, *a (an)* KENTUCKY *limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:*

1. The amount of capital contributions of the limited partners is $ 100,000.

2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is $ 100,000.

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.

This 4th day of DECEMBER, 1995.

General Partner

GEORGE M. WIMSATT, JR.

STATE OF Kentucky

COUNTY OF Jefferson

On this 4th day of December, 1995, George M Wimsatt, Jr.,

personally appeared before me, ☒ who is personally known to me

☐ whose identity I proved on the basis of _____

(Notary Public Signature)

Notary Public State of Ky
(Notary's Printed Name)

Seal

My Commission Expires: Feb 16, 1996

FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP MAY BE SUBJECT TO REVOCATION AND $ 00 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT

1996

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

FILED
95 DEC 27 PM 1:55
SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT # B95000000449

WIMSATT-AEE LIMITED PARTNERSHIP

DO NOT WRITE IN THIS SPACE

Mailing Address

1839 Plantside Drive
Louisville, KY 40299

Principal Office Address

Same

2. New Mailing Address If Applicable

Suite Apt # etc

City State & Zip 400001672734 -12/28/95--01040--005

2a. New Principal Office Address ****576.25

Suite Apt # etc

City State & Zip

If above addresses are incorrect in any way line through the incorrect information and enter 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
12/12/95		Kentucky

5a. Capital Contributions as Shown on Record	5b. Amount of Capital Contributions in FLORIDA to date	6. FEI Number		7. CERTIFICATE OF STATUS REQUIRED
$100,000.00	$100,000.00	Applied For	X Applied For Not Applicable	☐ [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

Tom Diorio
174 W. Comstock Avenue, Suite 215
Winter Park, FL 32789

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 section 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 Number(s))	11b. City, State & Zip Code	11c. Registration/ Document Number
George M. Wimsatt, Jr.	1839 Plantside Dr.	Louisville, KY 40299	

AR. $437.50
SF. $138.75
12/27/95

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 X George Wimsatt DATE X 12/24/95

Typed or Printed Name of General Partner Signing Form X George Wimsatt Telephone Number X 502 495 2151

CR2E003 (6/95)

B95000000449

CSC networks
PRENTICE HALL LEGAL & FINANCIAL SERVICES

ACCOUNT NO. : 072100000032

REFERENCE : 783784 109835A

AUTHORIZATION :

COST LIMIT : PREPAID

ORDER DATE : December 27, 1995

ORDER TIME : 9:51 AM

ORDER NO. : 783784

CUSTOMER NO: 109835A

CUSTOMER: Thomas F. Diorio, Esq
Thomas F. Diorio, Pa
P. O. Box 1686

Winter Park, FL 32790-1686

FILED
95 DEC 27 PM 1:55
SECRETARY OF STATE
TALLAHASSEE FLORIDA

RECEIVED
95 DEC 27 AM 11:16
DIVISION OF CORPORATION

ANNUAL REPORT FILING

NAME: WIMSATT-AEE LIMITED PARTNERSHIP

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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

12/27/95a

CONTACT PERSON: Jon A Bowling

EXAMINER'S INITIALS: _____