

1201 HAYS STREET
TALLAHASSEE, FL 32302-2602

800-342-8086

904 222-9971
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PROVIDE FULL
LEGAL & FINANCIAL SERVICES

ACCOUNT NO. : 072100000032

REFERENCE : 975064 4303929

AUTHORIZATION : Patricia Pizant

COST LIMIT : \$ 148.75

FILED STATE
SECRETARY OF CORPORATIONS
95 JUN -4 PM 4:31

ORDER DATE : June 4, 1996

ORDER TIME : 10:48 AM

ORDER NO. : 975064

CUSTOMER NO: 4303929

CUSTOMER: Ms. Sheryl C. Vainstein
Greenberg Traurig Hoffman
20th Floor
1221 Brickell Avenue
Miami, FL 33131-3238

FOREIGN FILINGS

NAME: MCALLEN COMPONENTS LTD.

XXXX QUALIFICATION (TYPE: LP)

W96000001176

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Donna Kendrick

RECEIVED
95 JUN -4 PM 12:12
DIVISION OF CORPORATION

B/K
6/5/96

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

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

96 JUN 12 PM 4:31
SECRETARY OF STATE
RECEIVED

1. MCALLEN COMPONENTS L.P.
(Name of limited partnership as it is in the home state)
2. MCALLEN COMPONENTS LTD.
(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. Delaware 4. May 28, 1996
(State of Formation) (Date of Formation)
5. Corporation Service Company
(Name of Registered Agent for Service of Process)
6. 1201 Hays Street
(Street Address of Registered Office)
- Tallahassee, Florida 32301
(City) (Zip Code)

7. Acceptance by the Registered Agent for Service of Process

Deborah D. Skipper, As agent
(Agent must sign on this line)

Deborah D. Skipper, as agent

8. 1013 Centre Road Wilmington DE 19805
(Address of registered office required in state of formation or, if not required, address of principal office)

9. NAMES OF GENERAL PARTNERS

STREET ADDRESS

GASI Engine Services Corporation - 4590 N.W. 36th Street
Miami, Florida 33122

10. 4590 N.W. 36th Street Miami FL 33122
(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of the limited partner or limited partners until the limited partnership's registration in Florida is cancelled or withdrawn

12 Post Office Box 522817, Miami, Florida 33152

(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 30th, May, 19 96

GAS1 ENGINE SERVICES CORPORATION
By: Robert J. Vanaria, Secretary

✓ Robert J. Vanaria
General Partner

STATE OF New York

COUNTY OF Queens

On this 30th day of May, 19 96, Robert J. Vanaria

personally appeared before me,

☐ who is personally known to me

☐ whose identity I proved on the basis of _____

Sonja M. Waibel
(Notary Public Signature)

Sonja M. Waibel
(Notary's Printed Name)

Seal

My Commission Expires: 2/28/98

SONJA M. WAIBEL
Notary Public, State of New York
Queens County
No. 01WA5024158
Commission Expires 2/28/98

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR FOREIGN LIMITED PARTNERSHIP

Robert J. Vanaria, Secretary of GASI
Engine Services Corporation

BEFORE ME the undersigned personally appeared _____
a general partner of MCALLEN COMPONENTS L.P., a (an) Delaware limited partnership,
hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is \$ -0-
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 100.00

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 30th day of May, 19 96

GASI ENGINE SERVICES CORPORATION
By: Robert J. Vanaria, Secretary

✓ Robert J. Vanaria
General Partner

STATE OF New York

COUNTY OF Queens

On this 30th day of May, 19 96, Robert J. Vanaria

personally appeared before me,

☐ who is personally known to me

☐ whose identity I proved on the basis of _____

Sonja M. Waibel
(Notary Public Signature)

Sonja M. Waibel
(Notary's Printed Name)

Seal

My Commission Expires 2/13/98

SONJA M. WAIBEL
Notary Public, State of New York
Queens County
No. 01WA6024158
Commission Expires _____