

F 0200000 1244

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

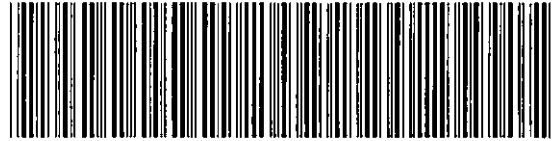
Number of Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

641-524-



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2023 JAN 13 AM 11:51

SECRETARY OF STATE
TALLAHASSEE, FL

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2023 JAN 13 AM 11:39

af 1/17/2023

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: MISTY 1/11

CERTIFIED COPY

XX PHOTOCOPY

CUS

XX FILING

FOREIGN INC AMEND

1. **NETJETS CARD PARTNERS, INC.**

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NETJETS CARD PARTNERS, INC.
Name of Corporation

DOCUMENT NUMBER: _____

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JONATHAN STRIKER
Name of Contact Person

NETJETS INC. / LEGAL DEPT.
Firm/Company

4111 BRIDGEWAY AVENUE
Address

COLUMBUS, OHIO 43219
City/State and Zip Code

TADAMS2@NETJETS.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JONATHAN STRIKER at (614) 849-7491
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$35.00 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee,
Certificate of Status &
Certified Copy
(Additional copy is
enclosed)

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



Corrected

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 12, 2023

CORPORATE ACCESS. INC.

SUBJECT: NETJETS CARD PARTNERS, INC.
Ref. Number: F02000001244

We have received your document for NETJETS CARD PARTNERS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

The document or certificate must show that the jurisdiction changed from Delaware to Ohio and it has to come from Ohio.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 323A00000886

PROFIT CORPORATION
APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO
APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA
(Pursuant to s. 607.1504, F.S.)

SECTION I
(1-3 MUST BE COMPLETED)

F02000001244

(Document number of corporation (if known))

FILED
2023 JAN 13 AM 11:51
SECRETARY OF STATE
TALLAHASSEE, FL

1. NETJETS CARD PARTNERS, INC.

(Name of corporation as it appears on the records of the Department of State)

2. DELAWARE

(Incorporated under laws of)

3. 3/11/2002

(Date authorized to do business in Florida)

SECTION II
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? _____

5. _____
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

OHIO

(New jurisdiction)

8. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

Jennifer E. Beale

(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

JENNIFER E. BEALE

(Typed or printed name of person signing)

ASSISTANT SECRETARY

(Title of person signing)

UNITED STATES OF AMERICA,
STATE OF OHIO,
OFFICE OF SECRETARY OF STATE

I, Frank LaRose, Secretary of State of the State of Ohio, do hereby certify that the paper to which this is attached is a true and correct copy from the original record now in my official custody as Secretary of State.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 11th day of January, A.D. 2023.

Ohio Secretary of State

A handwritten signature in cursive script, appearing to read "Frank LaRose".

Validation Number:

202301101196



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
12/14/2022	202234803092	Conversion Within SOS Records (CVS)	100.00	0.00	0.00	0.00

Receipt

This is not a bill. Please do not remit payment.

NATIONAL SERVICE INFORMATION, INC.
145 BAKER STREET
MARION, OH 43302

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Frank LaRose
1304987

It is hereby certified that the Secretary of State of Ohio has custody of the business records for
NETJETS CARD PARTNERS, INC.

and, that said business records show the filing and recording of:

Document(s)

Conversion Within SOS Records

Effective Date: 12/14/2022

Document No(s):

202234803092

CHANGE TO DOMESTIC FOR PROFIT



United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the
Secretary of State at Columbus, Ohio this
14th day of December, A.D. 2022.

Ohio Secretary of State

Form 700 Prescribed by:



Telephone: 877.767.3453

OhioSoS.gov | business@OhioSoS.gov

File online or for more information: OhioBusinessCentral.gov

Certificate for Conversion for Entities Converting Within or Off the Records of the Ohio Secretary of State

Filing Fee: \$99
Form Must Be Typed

(CHECK ONLY ONE (1) BOX)

(1) ☒ Converting Within The Records of the Ohio
Secretary of State

(2) ☐ Converting Off The Records of the Ohio
Secretary of State (187-VXX)

Name of the converting entity

Jurisdiction of Formation

Charter/Registration Number

The converting entity is a:
(Check Only (1) One Box)

- | | |
|--|---|
| <input type="checkbox"/> Domestic Nonprofit Corporation | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> Domestic For-Profit Corporation | <input type="checkbox"/> Domestic Limited Partnership |
| <input type="checkbox"/> Foreign Nonprofit Corporation | <input type="checkbox"/> Foreign Limited Partnership |
| <input checked="" type="checkbox"/> Foreign For-Profit Corporation | <input type="checkbox"/> Domestic Limited Liability Partnership |
| <input type="checkbox"/> Domestic Limited Liability Company | <input type="checkbox"/> Foreign Limited Liability Partnership |
| <input type="checkbox"/> Foreign Limited Liability Company | |

The converting entity hereby states that it has complied with all laws in the jurisdiction under which it exists and that those laws permit the conversion.

Name of the converted entity

NETJETS CARD PARTNERS, INC.

Jurisdiction of Formation

OHIO

The converted entity is a:
(Check Only (1) One Box)

☒ Domestic For-Profit Corporation

☐ Domestic Professional Association

If Domestic For-Profit Corporation OR Domestic Professional Association, please indicate total number of shares

1000

☐ Foreign Nonprofit Corporation

☐ Foreign For-Profit Corporation

☐ Domestic Limited Liability Company

☐ Foreign Limited Liability Company

☐ Partnership

☐ Domestic Limited Partnership

☐ Foreign Limited Partnership

☐ Domestic Limited Liability Partnership

☐ Foreign Limited Liability Partnership

Effective Date

(Optional)

MM/DD/YYYY

(The conversion is effective upon the filing of this certificate or on a later date specified in the certificate)

Name and address of the person or entity that will provide a copy of the declaration of conversion upon written request.

NETJETS CARD HOLDINGS, INC.

Name

4111 BRIDGEWAY AVENUE

Mailing Address

COLUMBUS

City

Ohio

State

43219

Zip Code

Required information that must accompany conversion certificate if box 2 is checked

If the converting entity is a domestic or foreign entity that will not be licensed in Ohio, provide the name and address of the statutory agent upon whom any process, notice or demand may be served.

Name of Statutory Agent

Mailing Address

City

OH

State

ZIP Code

See instructions for additional filing requirements if

- (1) the conversion creates a new domestic entity,
- (2) the converted entity is a foreign entity that desires to transact business in Ohio; or
- (3) if a domestic corporation or foreign corporation licensed in Ohio is the converting entity.

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required

Must be signed by an authorized representative.

SEE ATTACHED

Signature

By (if applicable)

JENNIFER E. BEALE

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required

Must be signed by an authorized representative.

Jennifer E. Beale
Signature

By (if applicable)

JENNIFER E. BEALE

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Complete the information in this section.

AFFIDAVIT

In lieu of dissolution releases from various governmental authorities.

NETJETS CARD PARTNERS, INC.

Name of Corporation

The undersigned, being first duly sworn, declares that on the dates indicated below, each of the named state governmental agencies was advised IN WRITING of the scheduled date of filing of the Certificate and was advised IN WRITING of the acknowledgement by the corporation of the applicability of the provisions of section 1701.95 of the ORC.

Agency Ohio Bureau of Workers' Compensation 30 W. Spring Street Columbus, Ohio 43215	Date Notified (MM/DD/YYYY) <input type="text"/>	Agency Ohio Job & Family Services Status and Liability Section Data Correspondence Control Fax: 614-752-4811 Phone: 614-466-2319 Overnight Address: P.O. Box 182413 Columbus, OH 43218-2413	Date Notified (MM/DD/YYYY) 12/14/2022
* Only required for domestic for-profit corporations			
Agency Ohio Department of Taxation Taxpayer Services/Tax Release Unit P.O. Box 182382 Columbus, OH 43218-2382 Dissolution@tax.state.oh.us	Date Notified (MM/DD/YYYY) 12/14/2022	<input checked="" type="checkbox"/> The corporation is not required to pay or the department of taxation has not assessed any personal property tax.	
* Complete this date notified field only if the corporation is a domestic non-profit corporation or foreign corporation. * Note: Domestic for-profit corporations must submit with this filing a Certificate of Tax Clearance Issued by the Ohio Department of Taxation.			

Note: This affidavit must be signed by one or more persons executing the certificate or by an officer of the corporation.

Signature

Jennifer E. Beale

Title

ASSISTANT SECRETARY

JENNIFER E. BEALE

Name

4111 BRIDGEWAY AVENUE

Mailing Address

COLUMBUS

City

OH

State

43219

ZIP Code

Seal

Sworn to and subscribed in my presence on this date (MM/DD/YYYY)

Notary Public

Date Commission Expires (MM/DD/YYYY)

AFFIDAVIT OF PERSONAL PROPERTY

State of

County of

Name of Officer

Title of Officer

of

Name of Corporation

and that this affidavit is made in compliance with Ohio Revised Code Section

That above-named corporation: (Check one (1) of the following)

☒ Has no personal property in any county in Ohio

☐ Is the type required to pay personal property taxes to state authorities only

☐ Has personal property in the following county (ies)

County

County

County

Signature

Title

Sworn to and subscribed in my presence on this date (MM/DD/YYYY)



DANIEL J. DRISCOLL
Notary Public, State of Ohio
My Commission Expires May 26, 2023

Notary Public

Date Commission Expires (MM/DD/YYYY)

Form 532A Prescribed by:



Toll Free: 877.767.3453 | Central Ohio: 614.466.3910

OhioSoS.gov | business@OhioSoS.gov

File online or for more information: OhioBusinessCentral.gov

Initial Articles of Incorporation

(For Profit, Domestic Corporation)

Filing Fee: \$99

(113 - ARF)

Form Must Be Typed

First:

Name of Corporation

(Name must include the following word or abbreviation:
company, co., corporation, corp., incorporated, or inc.)

Second:

Location of Principal Office in Ohio

City

State

County

Optional:

Effective Date (MM/DD/YYYY)

(The legal existence of the corporation begins upon
the filing of the articles or on a later date specified
that is not more than ninety days after filing.)

Third:

The number of shares which the corporation is authorized to have outstanding.
(Please state if shares are common or preferred and their par value, if any.)

Number of Shares

Type of Shares

Par Value of Shares

Fourth:

If the corporation is to have an initial stated capital, please state the amount of that stated capital.

Amount

Optional:

Purpose:

** Note: ORC Chapter 1701 allows additional provisions to be included in the Articles of Incorporation that are filed with this office. If including any of these additional provisions, please do so by including them in an attachment to this form. **

Original Appointment of Statutory Agent

The undersigned, being at least a majority of the incorporators of

NETJETS CARD PARTNERS, INC.

(Name of Corporation)

hereby appoint the following to be Statutory Agent upon whom any process, notice or demand required or permitted by statute to be served upon the corporation may be served. The complete address of the agent is:

REGISTERED AGENT SOLUTIONS, INC.

(Name of Statutory Agent)

4568 MAYFIELD ROAD, SUITE 204

(Mailing Address)

CLEVELAND

(Mailing City)

OH

(Mailing State)

44121

(Mailing ZIP Code)

Must be signed by
the incorporators or
a majority of the
incorporators.

SEE ATTACHED

(Signature)

JENNIFER E. BEALE, ASSISTANT SECRETARY

(Signature)

(Signature)

Acceptance of Appointment

The Undersigned,

REGISTERED AGENT SOLUTIONS, INC.

(Name of Statutory Agent)

, named herein as the

Statutory agent for

NETJETS CARD PARTNERS, INC.

(Name of Corporation)

hereby acknowledges and accepts the appointment of statutory agent for said corporation.

Statutory Agent Signature

MACKENZIE HART, ASST. SECRETARY

(Individual Agent's Signature / Signature on Behalf of Business Serving as Agent)

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required

Articles and original appointment of agent must be signed by the incorporator(s).

If the incorporator is an individual, then they must sign in the "signature" box and print his/her name in the "Print Name" box.

If the incorporator is a business entity, not an individual, then please print the entity name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print his/her name and title/authority in the "Print Name" box.

SEE ATTACHED

Signature

By (if applicable)

JENNIFER E. BEALE, ASSISTANT SECRETARY

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Original Appointment of Statutory Agent

The undersigned, being at least a majority of the incorporators of

NETJETS CARD PARTNERS, INC.

(Name of Corporation)

hereby appoint the following to be Statutory Agent upon whom any process, notice or demand required or permitted by statute to be served upon the corporation may be served. The complete address of the agent is:

REGISTERED AGENT SOLUTIONS, INC.

(Name of Statutory Agent)

4568 MAYFIELD ROAD, SUITE 204

(Mailing Address)

CLEVELAND

(Mailing City)

OH

(Mailing State)

44121

(Mailing ZIP Code)

Must be signed by the incorporators or a majority of the incorporators.

NETJETS CARD HOLDINGS, INC.

(Signature)

Jennifer E. Beale

(Signature)

JENNIFER E. BEALE, ASSISTANT SECRETARY

(Signature)

Acceptance of Appointment

The Undersigned,

REGISTERED AGENT SOLUTIONS, INC.

(Name of Statutory Agent)

, named herein as the

Statutory agent for

NETJETS CARD PARTNERS, INC.

(Name of Corporation)

hereby acknowledges and accepts the appointment of statutory agent for said corporation.

Statutory Agent Signature

Mackenzie Hart

Mackenzie Hart, Asst. Secretary

(Individual Agent's Signature / Signature on Behalf of Business Serving as Agent)

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required

Until this filing is approved, this business entity does not legally exist, therefore, the entity cannot be the signer of this document.

If the incorporator is an individual, then they must sign in the "signature" box and print his/her name in the "Print Name" box.

If the incorporator is a business entity, not an individual, then please print the entity name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print his/her name and title/authority in the "Print Name" box.

NETJETS CARD HOLDINGS, INC.

Signature

Jennifer E. Beale

By (if applicable)

JENNIFER E. BEALE, ASSISTANT SECRETARY

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Attachment to Initial Articles of Incorporation
of
NETJETS CARD PARTNERS, INC.

FIFTH: The Corporation, through its Board of Directors, shall have the right and power to repurchase any of its outstanding shares at such times, for such considerations and upon such terms and conditions as may be agreed upon between the Corporation and the selling shareholder or shareholders.

SIXTH: The Corporation shall indemnify and save harmless any of its officers, directors, promoters, incorporators, employees, and agents from any and all liabilities, claims, demands, suits, or other proceedings arising out of the incorporation proceedings of the Corporation, provided they acted in good faith and in a manner they reasonably believed to be in or not opposed to the best interests of the Corporation, and with respect to any criminal action or proceeding, had no reasonable cause to believe their conduct was unlawful.

SEVENTH: Subject to any restriction imposed by the Ohio Revised Code, the Board of Directors is expressly authorized to make, repeal, alter, amend, and rescind any or all of the Regulations of the Corporation.