## P95000029665

ALLAN L. HOFFMAN, ESQ. ATTORNEY AT LAW 1810 HOUTHERN HLVD. WEST PALM BEACH, FLORIDA 33408

407-478-7080 FAX 407-478-7087 Friday, April 7, 1995

Corporate Records Bureau Division of Corporations Department of State P.O. Box 6327 Tallahassee, FL 32301

Re: Cook Aircraft Corporation My File: 82-19C

Dear Sirs:

Enclosed please find an original and two copies of Articles of Incorporation and a Resident Agent Designation for Cook Aircraft Corporation, together with my check in the amount of \$122.50. Please file this, returning a copy to me.

Sincerely,

Allan L. Hoffman

700001452927 -04/11/95--01040--001 \*\*\*\*122.50 \*\*\*\*/22.50

ALH:sc Enclosure

Allo St-17

## ARTICLES OF INCORPORATION FOR COOK AIRCRAFT CORPORATION

THE UNDERSIGNED, for the purpose of forming a corporation under the Florida General Corporation Act, does hereby adopt the following Articles of Incorporation.

ARTICLE ONE: The name of the Corporation is COOK AIRCRAFT CORPORATION.

ARTICLE TWO: The duration of the corporation is perpetual.

ARTICLE THREE: The general purpose for which the corporation is organized is to transact any lawful business for which corporations may be incorporated under the Florida General Corporation Act or engage in any trade or business for any lawful purpose.

ARTICLE FOUR: The aggregate number of shares which the corporation is authorized to issue is Five Hundred (500). Such shares shall be of a single class, and shall have a par value of One Dollar (\$1).

ARTICLE FIVE: The street address of the corporation's principal office, the mailing address of the corporation and the initial registered office of the corporation is 11600 Aviation Boulevard, West Palm Beach, Florida 33412, and its initial registered agent at such address is JIMMY D. COOK.

ARTICLE SIX: The number of directors constituting the initial board of directors of the corporation is one. The name and address of each person who is to serve as a member of the initial board of directors is:

JIMMY D. COOK, 11600 Aviation Boulevard, West Palm Beach, Florida 33412

It is anticipated that this corporation will be operated by the stockholders without a Board of Directors.

ARTICLE SEVEN: The name and address of each incorporator is:

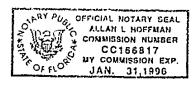
JIMMY D. COOK, 11600 Aviation Boulevard, West Palm Feach, Florida 33412

Executed by the undersigned at West Palm Beach, Florida this 7th day of April, 1995.

JIMMY D. COOK

STATE OF FLORIDA COUNTY OF PALM BEACH

The foregoing instrument was acknowledged before me this day of April, by JIMMY D. COOK, who is personally known to me or who has produced (type of identification) as identification and who did take an oath.



Signature of Notary

Name of Notary (Frint)

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

IN COMPLIANCE WITH SECTION 48.091, FLORIDA STATUTE. THE FOLLOWING IS SUBMITTED.

FIRST--THAT COOK AIRCRAFT CORPORATION, DESIRING TO ORGANIZE UNDER THE LAWS OF THE STATE OF FLORIDA WITH ITS PRINCIPAL PLACE OF BUSINESS AT 11600 Aviation Boulevard, West Palm Beach, Florida 33412, HAS NAMED JIMMY D. COOK, LOCATED AT 11600 Aviation Boulevard, West Palm Beach, Florida 33412, AS ITS AGENT TO ACCEPT SERVICE OF PROCESS WITHIN FLORIDA.

SIGNATURE CORPORATE OFFICER

TITLE President

DATE 4/1/95

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES.

SIGNATURE RESTORME AGENT

DATE V411

FILED

See Instruction(it by Joseph See Instruction See Instruction(it by Joseph See Instruction See				
See Instructioning to the See Instructioning		400	> 96	25
See Instruction to Date 1. See Instructions.    See Instruction to Date 1. See Instruction to Date 1. See Instructions.	beer J 1	L Man. (7)		
See Instruction(): b-1 Ds 2 stat 1 floro your term.  Complete Th Fort To Ch 1/64 an Internal Complete The Fort To Ch 1/64 an Internal Complete The Fort To Ch 1/64 an Internal Complete The Fort To Ch 1/64 and Internal Complete This Part To Change Your Business Mailing Andressor Business Location  I do address from the spouse with whom you lifed that return, check hore.  Employment tax returns for household employers (forms 1/64, 2-40, 3-40-6-1/2, etc.)  For Forms 7/08 and 7/08-NA, enter the decedent's name and social security number below.  Decedent's name (first name, kells), and last name)  A Your name (first name, kells), and last name)  Social security number  A Your name (first name, kells), and last name)  Social security number  For name (first name, kells), and last name)  A Your social security number  Apt. no.  Spouse's nid address, if different from kine 7 (no., street, city or town, state, and ZiP code), if a P.O. bax or foreign address, see instructions.  Apt. no.  New address, in different from kine 7 (no., street, city or town, state, and ZiP code), if a P.O. bax or foreign address, see instructions.  Apt. no.  New address (no., street, city or town, state, and ZiP code), if a P.O. bax or foreign address, see instructions.  Apt. no.  Will Complete This Part To Change Your Business Mailing Address or Business Location  and ALL boxes this change affects:  Employment, excles, and other business returns (forms 720, 941, 990, 1041, 1065, 1120, etc.)  Employee plan returns (Forms 5500, 5500-C/R), and 5500-C/R), and 5500-C/R).  Business access (no., street, city or form, state, and ZiP code), if a P.O. box or foreign address, see instructions.  Constructions of the street, city or form, state, and ZiP code), if a P.O. box or foreign address, see instructions.  Floor or suite no.  Plan Complete This Part To Change Your Business Mailing Address or instructions.  Floor or suite no.  Plan Complete This Part Signature  Coll All Coll Coll Coll Coll Coll (in P.O. box or telegn address, see instructions.  Floor	om BOZZ III	A FIXX	11.	
Complete Th Set To Cir 169 An In fill Income that the chair in the Control of the	scarbed of the Tressure		7 I K	JM 40. 1545-1
□ Individual income tax-actures (Forms 1040, 1040A, 1040EZ, 1040NR, otic)		Y m C fill dr		<b>V)</b> ]
Your last return was a joint roturn and you are now astablishing a residence separate from the spouse with whom you filled that return, check here				V
Tenth mis appose with Whom you filed that return, check hard   Peritary your employer (Forms 242, 940, 940-122, otc.)	Lighdividual Income tax foturns (Forms 1040, 1040A)	, 1040EZ, 1040NR, etc.)	•	
Employment tax roturns for household employers (Forms 942, 940, 940-622, etc.)	Irom the spouse with whom you filed that return	n, check here		
Complete This Part To Change Your Business returns (Forms 700, 912, 912)   Complete This Part To Change Your Business Rating Residues, see instructions.   Apl. no.	Employment tax returns for household employers	(Forms 942, 940, 940-EZ, ntc.)	,	
► Por Forms 706 and 706-NA, enter the decodent's name and social security number below.  ► Decedent's name.  ► Social security number  4D. Your social security number  5D. Spouse's name (list name, initial, and last name)  Fitter name(s). See instructions.  Apt. no.  Apt. no.  Apt. no.  Apt. no.  Apt. no.  Apt. no.  New address, in different from line 7s (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.  Apt. no.  New address, inc., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.  Apt. no.  Apt.	Gilt, estate, or generation-skipping transfer tax ret	urns (Forms 706, 709, etc.)	·	
Spouse's name (lirst name, initial, and last name)  Prior name(a). See instructions.  Api, no,  Old address (no, street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.  Api, no,  Spouse's nide address, if different from line 7a (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.  Api, no,  New address (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.  Api, no,  New address (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.  Api, no,  New address (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.  Employee plan returns (Forms 5500, 5500-C/R, and 5500-EZ). See Instructions.  Business location  Business location  Api, no,  12b Employer Identification number  65 05 7 5 1 1 5  Old address (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.  Room or suite no.  Room or suite no.  Plant address (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.  Room or suite no.  Room or suite no.  Room or suite no.  Room or suite no.  Plant telephone number of person to contact (optional) ➤ (407) 731-3331  Plant to completely spatual and comer, office, a representative Date  True  True  Prour signature  Date  Prour signature  Date	For Forms 706 and 706-NA, enter the decedent	t's name and social security number t	oelow.	
a Spouse's name (trist name, knitist, and last name)  a Spouse's name (trist name, initist, and last name)  b Spouse's accital security number  Filor name(a). See instructions.  c) Spouse's accital security number  Filor name(a). See instructions.  c) Spouse's not address, if different from kins 7s (no., atreet, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.  Apt. no.  New address (no., street, city or fown, state, and ZIP code). If a P.O. box or foreign address, see instructions.  Apt. no.  New address (no., street, city or fown, state, and ZIP code). If a P.O. box or foreign address, see instructions.  Apt. no.  Apt. no.  If III Complete This Part To Change Your Business Mailing Address or Business Location  act ALL boxes this change affects:  Employment, excles, and other business returns (Forms 720, 941, 990, 1041, 1085, 1120, atc.)  Business location  Business location  CORCENTY CORPORATION  Old address (no., street, city or fown, state, and ZIP code). If a P.O. box or foreign address, see instructions.  Room or suite no.  New address (no., street, city or fown, state, and ZIP code). If a P.O. box or foreign address, see instructions.  Room or suite no.  New business location (no., atreet, city or fown, state, and ZIP code). If a P.O. box or foreign address, see instructions.  Room or suite no.  New business location (no., atreet, city or fown, state, and ZIP code). If a foreign address, see instructions.  Room or suite no.  Plant Corporation  New business location (no., atreet, city or fown, state, and ZIP code). If a foreign address, see instructions.  Room or suite no.  Plant Corporation (no., atreet, city or fown, state, and ZIP code). If a foreign address, see instructions.  Room or suite no.  Room o			:	
Prior name(s). See instructions.  Apl. no.  New address (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.  Apl. no.  Apl. no	a Your name (first name, Initial, and last name)	Cook observy ham		ecurity number
Prior name(s). See instructions.  Apl. no.  New address (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.  Apl. no.  Apl. no				<b>:</b>
Prior name(s). See instructions.  Apl. no.  New address (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.  Apl. no.  New address (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.  Apl. no.  Ap	ia Spouse's name (first name, initial, and last name)		5b Spouse's soc	ial security number
Apt. no.  New address (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.  Apt. no.  New address (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.  Apt. no.  Apt. n			!	!
Spouse's old address, il different from line 7a (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.  Apt. no.  New address (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.  Apt. no.	Prior name(s). See Instructions.			
Spouse's old address, il different from line 7a (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.  Apt. no.  New address (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.  Apt. no.	·			
Spouse's old address, il different from line 7a (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.  Apt. no.  New address (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.  Apt. no.	a Old address inc., street, city or town, state, and 7/0 code) if a Dur	) how as facility additions are leaderst		
New address (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.  Apt. no.  A	the state of the s	s oox or loreign address, see mainiclions.		Apt. na.
New address (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.  Apt. no.  A				
Complete This Part To Change Your Business Mailing Address or Business Location  ack ALL boxes this change affects:  Employment, excise, and other business returns (Forms 720, 941, 990, 1041, 1065, 1120, etc.)  Employee plan returns (Forms 5500, 5500-C/R, and 5500-EZ). See Instructions.  Business location  Business location  Old address (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.  Room or suite no.  ON BOX 33/66 West PAIN Beath \$1,334:20 - 3:66  Now address (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.  Room or suite no.  How business focation (no., street, city or town, state, and ZIP code). If a foreign address, see instructions.  Room or suite no.  Plus Signature  Daytime telephone number of person to contact (optional)   Your signature  Date  Till Completes gnature of owner, officer, or representative Date  Till Contributor, spouse's signature  Date  Till Completes gnature of owner, officer, or representative Date  Till Contributor, spouse's signature  Till Contributor, spouse's signature  Till Completes gnature of owner, officer, or representative Date  Till Contributor, spouse's signature	b Spouse's old address, if different from line 7s (no., street, city or to	wn, state, and ZIP code). If a P.O. box or foreign	address, see instruct	ons. Apt. no.
Complete This Part To Change Your Business Mailing Address or Business Location  ack ALL boxes this change affects:  Employment, excise, and other business returns (Forms 720, 941, 990, 1041, 1065, 1120, etc.)  Employee plan returns (Forms 5500, 5500-C/R, and 5500-EZ). See Instructions.  Business location  Business location  Old address (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.  Room or suite no.  ON BOX 33/66 West PAIN Beath \$1,334:20 - 3:66  Now address (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.  Room or suite no.  How business focation (no., street, city or town, state, and ZIP code). If a foreign address, see instructions.  Room or suite no.  Plus Signature  Daytime telephone number of person to contact (optional)   Your signature  Date  Till Completes gnature of owner, officer, or representative Date  Till Contributor, spouse's signature  Date  Till Completes gnature of owner, officer, or representative Date  Till Contributor, spouse's signature  Till Contributor, spouse's signature  Till Completes gnature of owner, officer, or representative Date  Till Contributor, spouse's signature				
eck ALL boxes this change affects:  Employment, excise, and other business returns (Forms 720, 941, 990, 1041, 1065, 1120, etc.)  Employee plan returns (Forms 5500, 5500-C/R, and 5500-EZ). See instructions.  Eusiness location  Business locat	New address (no., street, city or town, state, and ZIP code). If a P.6	O. Dux or foreign address, see instructions.		Apt. na,
eck ALL boxes this change affects:  Employment, excise, and other business returns (Forms 720, 941, 990, 1041, 1065, 1120, etc.)  Employee plan returns (Forms 5500, 5500-C/R, and 5500-EZ). See instructions.  Eusiness location  Business locat				
Employment, excise, and other business returns (Forms 720, 941, 990, 1041, 1065, 1120, etc.)  Employee plan returns (Forms 5500, 5500-C/R, and 5500-EZ). See instructions.  Business location  Business location  Old eddress (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.  Properties (Power identification number 65 05 75 1/5	art II Complete This Part To Change Your Br	usiness Mailing Address or Busi	ness Location	
Employee plan returns (Forms 5500, 5500-C/R, and 5500-EZ). See instructions.  Business location  Business location  Old address (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.  Room or suite no.  One of the control of person to contact (optional)  Daytime telephone number of person to contact (optional)  Four Date  Figinature  Date  Title  Title	neck ALL boxes this change affects:		·	
Business name    12b	The second and addition of the publication of the property of the property of the property of the property of the publication o	orms 720, 941, 990, 1041, 1065, 112 d 5500-E2). See Instructions	0, etc.)	
Old address (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.  Room or suite no.	L.J. Husiness location	1 3300-czj. Sea matructions.		
Now address (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.  Room or suite no.    Compared to the property of the part of the property of the part of the pa	***************************************		12b Employer ide	intification number
Now address (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.  Room or suite no.    Compared to the property of the part of the property of the part of the pa	LOOK AIRCRAFT CONDORATIO		65 05	75115
New business focation (no., street, city or town, state, and ZIP code). If a foreign address, see instructions.    Signature   Date	Old address (no., street, city or town, state, and ZIP code). If a P.O.	box or foreign address, see instructions.	00:05	
New business focation (no., street, city or town, state, and ZIP code). If a foreign address, see instructions.    Signature   Date	9			
New business focation (no., street, city or town, state, and ZIP code). If a foreign address, see instructions.    Signature   Date	New address (no., street, city or town, state, and ZIP code). If a P.C	D. box or foreign address, see instructions.	· · · · · · · · · · · · · · · · · · ·	Room or suite no
Daytime telephone number of person to contact (optional) > (407) 73i-33i  Pase  The Pour signature Date  If  oint return, spouse's signature Date  Date  Date  Date  Date  Date  Date  Title	4112 6 1 1 11	. a		THOSHI OF BUILD (NO.
Daytime telephone number of person to contact (optional) > (407) 73i-33i  Pase  The Pour signature Date  If  oint return, spouse's signature Date  Date  Date  Date  Date  Date  Date  Title	New business focation (no., street, city or town, state, and ZP cod	1 AVC 141m SCAH CARD-IS 1/3	3410	<del></del>
Daytime telephone number of person to contact (optional)   (497) 731-3331  Pase  In Part II completed Agrature of owner, officer, or representative Date  If  oint return, spouse's signature  Date  Date  Date  Title	, , , , , , , , , , , , , , , , , , , ,	op a a totalgr addition, see an accitotions,		Room or suite no.
Daytime telephone number of person to contact (optional)   (497) 731-3331  Pase  In Part II completed Agrature of owner, officer, or representative Date  If  oint return, spouse's signature  Date  Date  Date  Title	art III Signotyra			<u></u>
Your signature  Date  Date  Date  Cary Certifor  12-20-95  If  oint return, spouse's signature  Date  Date  Date  Date  Cary Certifor  12-20-95  Title	art til Signaturs			
Your signature  Date  Date  Date  Cary Certifor  12-20-95  If  oint return, spouse's signature  Date  Date  Date  Date  Cary Certifor  12-20-95  Title	Daytime telephone number of person to contact (notional)	(407) 731-3331		
II joint return, spouse's signature  Date  Vice Dresident  Title	ease		$\Omega$	
II joint return, spouse's signature  Date  Vice Dresident  Title	gn	1 Gary	Levijor	1/2-20-45
- Oute   1 mile	Your signature	Date It Part II completed signature	of owner, officer, or repre	sentative Date
- Oute   1 mile	II latet	Vice P	resident	, and the second
Form 8822 (Rev. 5-95)				
$\rho_{G_{i}} / \gamma_{i}$	Thready Act and Paperwork Reduction Act Notice, see bac	k of form. Cal. No. 12081V	Form	1 8822 (Rev. 5-95)
				1607 11/2 P

## 195000029665

January 29, 1996

Division of Corporations Corporate Records P.O. Box 6327 Tallahassee, Florida 32314

To Whom it may concern,

Please accept the dissolution of Cook Aircraft Corporation in accordance with Section 607.1401 Florida Statutes. If any further information regarding this matter is needed please contact Gary Pettifor at 407-731-3331 during the day or send correspondence to:

Mr. Jim Cook 4160 Catalpha Avo Palm Beach Gardens, Fl 33410

Enclosed you will find a check for 43.75 for the filing fee and a certificate of Status.

Sincerely,

Gary Pettifor

Vice President

DIVISION OF COLUMN SECRETARY OF STATE OF COLUMN OF COLUMN OF STATE OF STATE

voldio

TLL FEB 1 2 1998

## ARTICLES OF DISSOLUTION

rursuant to 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:
FIRST: The name of the corporation is <u>Look AirCRAFT Corporation</u> DOCUMENT # P95000021665
DOLUMENT # P45000027665
SECOND: The articles of incorporation were filed on April 10, 1995
THIRD: (CHECK ONE)
None of the corporation's shares have been issued.
The corporation has not commenced business.
FOURTH: No debt of the corporation remains unpaid.
FIFTH: The net assets of the corporation remaining after winding up have been distributed to the
SIXTH: Adoption of Dissolution (CHECK ONE)
A majority of the incorporators authorized the dissolution.
A majority of the directors authorized the dissolution.
Signed this 29 day of JANUARY, 1996
Signature  (By an incorporator if adopted by the incorporators or by the chairman or vice chairman of the board, president, or other officer if adopted by the directors)
Tim Cook (Typed or printed name)  PResident (Title)
- PRESIDENT