

1201 HAYS STREET  
TALLAHASSEE, FL 32301  
904-222-9171  
904-222-0393 FAX

800-342-8086

**CSC networks**

REGISTERED ACCOUNT SERVICE  
IN FLORIDA

**P 95000031205**

ACCOUNT NO. : 02000000  
REFERENCE : 582623 91774A

AUTHORIZATION : *Patricia Pizit*  
COST LIMIT : \$ 70.00

ORDER DATE : April 20, 1995

ORDER TIME : 2:27 PM

400001461754

ORDER NO. : 582623

CUSTOMER NO: 91774A

CUSTOMER: Mr. Gerald E. Keyes  
GERALD E. KEYES, CPA

333 W. Miami Avenue

Venice, FL 34285

DOMESTIC FILING

NAME: JACOB AVIATION, INC.

XX ARTICLES OF INCORPORATION  
       CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jodie Krebs

EXAMINER'S INITIALS:

*JR*  
*4-21*

RECEIVED  
95 APR 20 PM 11:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
FILED  
95 APR 20 AM 8:15

ARTICLES OF INCORPORATION  
OF  
JACOB AVIATION, INC.

The undersigned incorporator hereby forms a corporation under Chapter 607 of the laws of the State of Florida.

ARTICLE I. NAME

The name of the corporation shall be:

JACOB AVIATION, INC.

The address of the principal office of this corporation shall be 100 Airport Avenue, Venice, Florida 34285, and the mailing address of the corporation shall be the same.

FILED  
95 APR 20 AM 8:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE II. NATURE OF BUSINESS

This corporation may engage or transact in any or all lawful activities or business permitted under the laws of the United States, the State of Florida or any other state, country, territory or nation.

ARTICLE III. CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 1,000 shares of common stock having \$1.00 par value per share.

ARTICLE IV. REGISTERED AGENT

The street address of the initial registered office of the corporation shall be 1201 Hays Street, Tallahassee, Florida 32301, and the name of the initial registered agent of the corporation at that address is Corporation Information Services, Inc.

ARTICLE V. TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE VI. OFFICERS AND DIRECTORS

This corporation shall have one officer and one director, initially. The name and street address of the initial officer and director who shall hold office for the first year of the corporation, or until his successor is elected or appointed is:

Coy G. Jacob  
Dir./Pres.

100 Airport Avenue  
Venice, Florida 34285

ARTICLE VII. INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation:

Corporation Information Services, Inc.  
1201 Hays Street  
Tallahassee, Florida 32301

IN WITNESS WHEREOF, the undersigned agent of Corporation Information Services, Inc., has hereunto set their hand and seal of Corporation Information Services, Inc., on April 20, 1995.

CORPORATION INFORMATION SERVICES, INC.

By: Karen B. Rozar  
Its Agent, Karen B. Rozar

ACCEPTANCE OF REGISTERED AGENT DESIGNATED  
IN ARTICLES OF INCORPORATION

Corporation Information Services, Inc., a Florida corporation authorized to transact business in this State, having a business office identical with the registered office of the corporation named above, and having been designated as the Registered Agent in the above and foregoing Articles, is familiar with and accepts the obligations of the position of Registered Agent under Section 607.0505, Florida Statutes.

CORPORATION INFORMATION SERVICES, INC.

By: Karen B. Rozar  
Its Agent, Karen B. Rozar

LRD/jwk

FILED  
95 APR 20 AM 8:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

FILED

96 SEP 16 AM 9:33

Read Instructions on Other Side Before Making Entries  
Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: DOCUMENT # P95000031205

Jacob Aviation, Inc.  
100 Airport Ave.  
Venice, FL 34285

2. If Address on Block 1 is incorrect in any way, enter the correct address below:

Address: TALLAHASSEE, FLORIDA  
City and State: n/a Zip Code: n/a

3. If Principle Office Address is different from mailing address, enter address below:

Address: n/a  
City and State: n/a Zip Code: n/a

4. Date Incorporated or Qualified To Do Business in Florida

4/20/95

5. FEI Number

65-617-0603

FEI Number Applied For

FEI Number Not Applicable

6. \$8.75 Additional Fee required for a Certificate of Status

CERTIFICATE OF STATUS DESIRED

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D S/T	Coy G. Jacob	321 Sunrise	Nokomis, FL 34275
V/D	Christian M. Morales	100 Airport Ave.	Venice, FL 34285

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

Corporation Information Services, Inc.  
1201 Hays St.  
Tallahassee, FL 32301

9. If changed, new registered agent / office

Name: c/o John A. Colton  
Street Address (Do NOT Use P.O. Box Number): Burgess, Harrell, Mancuso & Olson, P.A.  
Street Address (Do NOT Use P.O. Box Number): 1776 Ringling Blvd.  
City: Sarasota, State: FL, Zip: 34236

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

*John A. Colton*

REGISTERED AGENT MUST SIGN

Date

9/12/96 mib 9-30-96

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box  (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No  (See other side for information on intangible tax.)

13. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Officer or Director

*Coy G. Jacob*

Date

Sept 12, 1996

Daytime Phone # 941-484-0801

CR2010 (8-92)