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(((II120000013863)))



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From:

Account Name

: FOWLER WHITE BURNETT P.A.

Account Number : 071250001512

Phone Fax Number : (305)789-9200 : (305)789-9201

**Enter the email address for this business entity to be used for futura annual report mailings. Enter only one email address please

dkubit@fowler-white.com



Foreign Limited Liability Company MEDCP AVIATION, LLC

Certificate of Status	0
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Page Count	02
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January 4, 2012

FLORIDA DEPARTMENT OF STATE Division of Corporations

FOWLER WHITE BURNETT P.A.

SUBJECT: MEDCP AVIATION, LLC

REF: W12000000347

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or of the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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Tammi Cline Regulatory Specialist II FAX Aud. #: H12000001386 Letter Number: 312A00000089

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SECRETANTERSTATE
TABLAHASSEE, FLORIBA

P.O BOX 6327 - Tallahassee, Florida 32314

Audit No. H 12000001386 3

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. MEDCP AVIA (Name of Foreign Limited Lightility Company; n	CION, IJ.C must include "Limited Liability Company" "L.L.C	or "LLC"	·)
(If name unavailable, enter alternate name adopted for the consent of the managers or managing members adopting Company" "L.L.C." or "I.J.C")	purpose of transacting business in Florida and atta	сь и сору оГ	the written
2. Delaware	3. 45-4115609		
(Jurisdiction under the law of which foreign limited liability company is organized)	3. 45-4115609 (FEI number, if applicable)	-	
4. 12/23/2011	5 Perpetual	_	
(Dute of Organization)	(Duration: Year limited liability compexist or "perpotual")	нпу will cea	se ta
6. Upon issuance of certificate of aut	hority to transact business in Florida		
(Date first transacted bus	iness in Florida, if prior to registration)		
(See sections 608.501 & 60	08.502 F.S. to determine penalty finhility)	Fie	22
7 COL Dainhall Mary Daine States 2	00 Mi: Flid- 22121	TEACH CACH	2012 JAH -4
7. 501 Brickell Key Drive, Suite 2	cas of principal office)	THE PORTS	
(more auni)	cas of principal office)	75	至
8. If limited liability company is a manager-managed company, check here		37	4
. , , , ,	1 7	1,00	
9. The names and usual business addresses of the	ie managing members or managers are a	s tollows:	7
Manuel D. Medina, Managing Me	ember	71.S	က္
		5m	-6-
501 Brickell Key Drive, Suite 200	J. Miami, Florida 33131		- 60
10. Attriched is an original certificate of existence, no mor records in the jurisdiction under the law of which it is orga- translation of the certificate under eath of the translator must be s	nized. (A photocopy is not acceptable. If the certificate		
11. Nature of business or purposes to be conducted a limited liability company may be authorized.	ed to do business under the laws of the S	business for tate of Plo	or which orida.
	nutiorized representative of a member.		
), F.S., the execution of this document const		
	of perjury that the facts stated herein are true Subit, Authorized Representative	;. <i>)</i>	
	rinted name of signed		

Audit No. II 12000001386 3

Audit No. H₁₂₀₀₀₀₀₁₃₈₆ 3

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:		
MEDCP AVIATION, LLC		_
If name unavailable, the alternate name to be used in the state of Florida is:		
2. The name and the Florida street address of the registered agent and office are:		_
Donald E. Kubit, Esq.		
(Name)		
Plorida street address (P.O. Box NOT ACCEPTABLE)	_	
Miami, Florida 33131 City/State/Zip		
Having been named as registered agent and to accept service of process for the above st liability company at the place designated in this certificate, I hereby accept the appoint registered agent and agree to act in this capacity. I further agree to comply with the prostatutes relating to the proper and complete performance of my duties, and I am familiar accept the obligations of my position as registered agent as provided for in Chapter 608,	nent as visions of all with and	<i>s</i> .
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W:\83473\APPLIC26-MBDCP Aviation-JDR docx{1/3/12-13:02}	OF STATE	TH.
Audit No. H 12000001386 3		

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "MEDCP AVIATION, LLC" IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING

AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE

SHOW, AS OF THE FOURTH DAY OF JANUARY, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MEDCP

AVIATION, LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF DECEMBER,

A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

SESSIC JARY OF STATE

5086287 8300

120009135

ou may verify this certificate caline c corp.delaware.gov/authver.shtml jeffrey W Bullock, Secretary of State

AUTHENTICATION: 9270810

DATE: 01-04-12