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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6381

0409. 162155

From: Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
Phone : (850) 222-1173
Fax Number : (850) 224-1640

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

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FOREIGN PROFIT/NONPROFIT CORPORATION
AIR AMBULANCE PROFESSIONALS, INC.

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

RECEIVED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

File Second, after fax audit #H12000049696 3

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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

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- 1. Air Ambulance Professionals, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
- 2. Delaware 3. 45-3983408
(State or country under the law of which it is incorporated) (FEI number, if applicable)
- 4. November 29, 2011 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1535 S. Perimeter Road, Hangar 36B, Fort Lauderdale, Florida 33309
(Principal office address)

1535 S. Perimeter Road, Hangar 36B, Fort Lauderdale, Florida 33309
(Current mailing address)

8. Any lawful business permitted by the laws of the State of Florida.
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: NRAI Services, Inc.

Office Address: 515 East Park Avenue

Tallahassee, Florida 32301
(City) (Zip code)

10. Registered agent's acceptance:
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

NRAI Services, Inc.
By: Michele Holden Michele Holden,
(Registered agent's signature) Asst. Secretary

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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12. Name and business addresses of officers and/or directors: Please see attached rider.

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: John Trolano

Address: c/o The Beekman Group, 275 Madison Avenue, 37th Floor

New York, New York 10016

Director: Andrew Marolda

Address: c/o The Beekman Group, 275 Madison Avenue, 37th Floor

New York, New York 10016

B. OFFICERS

President: Brian Welez

Address: 1535 S. Perimeter Road, Hangar 36B

Fort Lauderdale, Florida 33309

Vice President: John Trolano

Address: c/o The Beekman Group, 275 Madison Avenue, 37th Floor

New York, New York 10016

Secretary: Andrew Marolda

Address: c/o The Beekman Group, 275 Madison Avenue, 37th Floor, New York, NY 10016

Treasurer: Andrew Marolda

Address: c/o The Beekman Group, 275 Madison Avenue, 37th Floor, New York, NY 10016

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.  _____

(Signature of Director or Officer listed in number 12 of the application)

14. Andrew Marolda, Director

(Typed or printed name and capacity of person signing application)

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RIDER TO APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION
TO TRANSACT BUSINESS IN FLORIDA FOR
AIR AMBULANCE PROFESSIONALS, INC.

12. Names and addresses of Officers and/or Directors:

David A. Willens Director
3715 South Ocean Boulevard
Highland Beach, FL 33487

Bader Alam Director
c/o The Beckman Group
275 Madison Avenue, 37th Floor
New York, NY 10016

Stuart Hayman Director and Chief Executive Officer
1535 S. Perimeter Road
Hangar 36B
Fort Lauderdale, FL 33309

Jacob Bercovici Director and Chief Marketing Officer
1535 S. Perimeter Road
Hangar 36B
Fort Lauderdale, FL 33309

Brian Weisz Director and Chief Operating Officer
1535 S. Perimeter Road
Hangar 36B
Fort Lauderdale, FL 33309

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TALLAHASSEE FL 32399

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Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AIR AMBULANCE PROFESSIONALS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-THIRD DAY OF FEBRUARY, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AIR AMBULANCE PROFESSIONALS, INC." WAS INCORPORATED ON THE TWENTY-NINTH DAY OF NOVEMBER, A.D. 2011.

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

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TALLAHASSEE, FL 09113

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You may verify this certificate online at corp.delaware.gov/authver.shtml



Jeffrey W. Bullock
Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 9385347

DATE: 02-23-12

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