Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Ta:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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

Email Address:

## FOREIGN PROFIT/NONPROFIT CORPORATION

Medical Air Services Association, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

Electronic Filing Menu Corporate Filing Menu

Help

K. SALY JUL 3 1 2017

11

## COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Medical Air Services Association, Inc.
Name of corporation - must include suffix
Dear Sir or Madam:
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.
Plense return all correspondence concerning this matter to the following:
Matthew A. Punham Name of Person
Name of Person
Medical Air Services Association, Luc.
Medical Air Services Association, Luc.
1250 W. South luke Bonlevard Address
Address
Southlake Texus 7609Z  City/State and Zip code
City/State and Zip code
E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytine Telephone Number
Name of Person Area Code Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
· · · · · · · · · · · · · · · · · · ·
Enclosed is a check for the following amount:
S70.00 Filing Fee S78.75 Filin

Y.

## 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.

(Enter name of co	orporation; must include "INCORPORATI orp," "Inc," "Co," or "Corp.")	ED," "CORPORATION,"	
		<b>'</b> :	
(If name unavaila	ible in Florida, enter alternate corporate na	ame adopted for the purpose of transacting business in	Florida)
OK		3.	
(State or countr	y under the law of which it is incorporated	) (FEI number, if applicable)	
5/14/1974		5. (Date of duration, if other than perpetua	
(Date	of incorporation)		
	June 1,	, 2017 '	
	(Date first transacted busine	ess in Florida, if prior to registration) 07.1502, F.S., to determine penalty liability)	
IASO W. Comblet	•	77.1302, P.S., to determine penanty morney	
1230 W. aoutma	ke Blvd., Southlake, TX 76092	incipal office address)	
1250 W. Santhla	ke Blvd., Southlake, TX 76092	incipal office address)	29
1230 W. Joddin		nailing address, if different)	
	(02		
Name and stree	et address of Florida registered agent:	(P.O. Box NOT acceptable)	JUL 28
	CT Corporation System	· — ·	
Name:		<del></del>	TO FLOW
Tice Address:	1200 South Pine Island Road		(0) y
	Plantation	, Florida 33324	
	(0)	(Zip code)	3.*
	(City)	(Zip code)	
avine heen nan	(City) ent's acceptance: ued as registered agent and to accept a	service of process for the above stated corporation	on at the p
aving been nan esignated in this orther auree to c	ent's acceptance: ned as registered agent and to accept : s application, I hereby accept the appo comply with the provisions of all statu	service of process for the above stated corporation ointment as registered agent and agree to act in the station of the proper and complete performs	this capac
aving been nan esignated in this orther auree to c	ent's acceptance: ned as registered agent and to accept : s application, I hereby accept the appo comply with the provisions of all statu	service of process for the above stated corporation ointment as registered agent and agree to act in the proper and complete performations of my position as registered agent.	this capaci
aving been nan esignated in this orther agree to c uties, and I am	ent's acceptance: ned as registered agent and to accept: s application, I hereby accept the appo comply with the provisions of all statu familiar with and accept the obligatio	service of process for the above stated corporation ointment as registered agent and agree to act in the proper and complete performations of my position as registered agent.	this capac

10. 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.

		2017 July 2
11. Name	es and business addresses of officers and/or directors:	2017 JUL 28 AM 9:57 TALLAHASSEE, FLORIDA
A. DIRE	CTORS	THELAHASSEE OF STATE
Chairman.		- FLORICA
Address: _		
Vice Chain	man:	
Address: _		
Director:	Frank M. Halley	
Address: _	1250 W. Southlake Blvd., Southlake, TX 76092	
-	Marco P. Markin	
Address: _	1250 W. Southlake Blvd., Southlake, TX 76092	
	Marco P. Markin  1250 W. Southlake Blvd., Southlake, TX 76092	
Vice Presid	dent:	
Address:		
Secretary:	Matthew A. Dunham	
	1250 W. Southlake Blvd., Southlake, TX 76092	
Treasurer:		
Address:	1250 W. Southlake Blvd., Southlake, TX 76092	
	If necessary, you may attach an addendum to the application listing additional	officers and/or directors.
The offic	Signature of Director or Officer ser or director signing this document (and who is listed in number 11 above) and that he or she is aware that false information submitted in a document to the egree felony as provided for in s.817.155, F.S.	ne Department of State constitutes
13	(Typed or printed name and capacity of person signing applica	ec and Secretary
	(Taben or himner mine and enhanced or horson seguing abbuse	•

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OFFICE OF THE SECRETARY OF STATE



## CERTIFICATE OF GOOD STANDING DOMESTIC FOR PROFIT BUSINESS CORPORATION

I, THE UNDERSIGNED, Secretary of State of the State of Oklahoma, do hereby certify that I am, by the laws of said state, the custodian of the records of the state of Oklahoma relating to the right of certain business entities to transact business in this state and am the proper officer to execute this certificate.

I FURTHER CERTIFY that MEDICAL AIR SERVICES ASSOCIATION, INC. whose registered agent is <u>KENNETH F. ALBRIGHT</u>, with its registered office at <u>15</u> WEST 6TH STREET SUITE 2600 TULSA 74119 USA Oklahoma is a <u>Domestic For</u> Profit Business Corporation duly organized and existing under and by virtue of the laws of the state of Oklahoma and is in good standing according to the records of this office. This certificate is not to be construed as an endorsement, recommendation or notice of approval of the entity's financial condition or business activities and practices. Such information is not available from this office.



IN TESTIMONY WHEREOF, I hereunto set my hand and affixed the Great Seal of the State of Oklahoma, done at the City of Oklahoma City, this 27th, day of July, <u> 2017</u>.

Secretary Of State