## F17000005194

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
|   |
|   |
|   |

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2017 NOV 16 FH 2: 44

J. HARRIS

## **COVER LETTER**

| TO: Registrat<br>Division   |            |                                    |               |          |   |  |  |
|---|------------|------------------------------------|---------------|----------|---|--|--|
| He  | •          | light Services, Inc                | :.            |          |   |  |  |
| SUBJECT:  |            | Name o                             | f corporation | ı - mus  | include suffix  |  |  |
| Dear Sir or Mada  | ım:        |                                    |               |          |   |  |  |
|   | cistence.  | or "Certificate                    | of Good Sta   | nding    | and check are sub   | ct Business in Florida."<br>omitted to register the                |  |
| Please return all o<br>Tim McCosker, Cl   | •          | idence concerni                    | ng this matte | r to the | following:  |  |  |
|   |            |                                    | Name of       | Person   |   |  |  |
| Held, Kranzler, M   | eCosker, a | ind Pulice LLP                     |               |          |   |  |  |
| 104 West 40th St.,  | 12th Floo  | r                                  | Firm/Cor      | npany    |   |  |  |
|   |            |                                    | Addr          | ess      |   |  |  |
| New York, New Y   | ork 1001   | 3                                  |               |          |   |  |  |
| tmccosker@hkmp  | .com       |                                    | City/State a  | ınd Zip  | code  |  |  |
|   |            | E-mail address:                    | (to be used   | for futt | ire annual report   | notification)  |  |
| For further inform  | nation co  | neerning this ma                   | atter, please | call:    |   |  |  |
| Tim McCosker, CPA   |            |                                    | 212<br>at (   |          | 533-2727  |  |  |
| Name of   | Person     |                                    | Area Coo      | le       | Daytime Telep   | hone Number  |  |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 |            |                                    | i:            |          | MAILING ADDRESS:<br>Registration Section<br>Division of Corporations<br>P.O. Box 6327<br>Tallahassee, Fl. 32314 |  |  |
| Enclosed is a che   | ck for the | following amo                      | unt:          |          |   |  |  |
| ☐ \$70.00 Filing  | Fee i      | 3 \$78.75 Filing<br>Certificate of |               |          | 75 Filing Fee & fied Copy   | ☐ \$87.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy |  |

## 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.

|   | and in Florida, enter and mate corporate har |           | sted for the purpose of transacting busine.           | ss in Florida, |
|---|--|-----------|---|----------------|
| New York  | 11-3198807<br>3.                             |           |   |                |
| (State or country under the law of which it is incorporated |  |           | (FEI number, if applicable)                           |                |
| January 3, 1994   |  | 5         |   |                |
| (Date of incorporation)                                     |  |           | (Date of duration, if other than per                  | petual)        |
| October I, 2017   |  |           |   |                |
|   | n Manhattan Heliport, New York, NY 1000      | )4        | F.S., to determine penalty liability)  ffice address) | <del> </del>   |
| 1101 W. Edgar F   | Road, Flight Operations Center, Linden Mu    |           |   |                |
|   | (Current m                                   | ailing ac | Idress, if different)                                 |                |
| Name and <u>stre</u> c                                      | et address of Florida registered agent: (    | (P.O. B   | ox <u>NOT</u> acceptable)                             | ;;;            |
| Name:   | Business Filings Incorporated                |           | <u></u>   |                |
| ice Address:  | 1200 South Pine Island Road                  |           | _   |                |
|   | Plantation                                   |           | 33324<br>, Florida                                    |                |
|   | (City)                                       |           | (Zip code)  |                |

9. 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.

(Registered agent's signature)

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.

11. Names and business addresses of officers and/or directors: A. DIRECTORS N/A Chairman: N/A Address: N/A N/A Vice Chairman: Address: N/A N/A Director: N/A Address: N/A N/A Director: N/A Address: N/A **B. OFFICERS** Lesley Taylor President: 912 Fifth Avenue Address: New York, NY 10021 John Kjekstad Vice President: 24 Llewellyn Dr. Address: New Canaan, CT 06840 N/A Secretary: Address: Treasurer: Address: NOTE: If An addendum to the application listing additional officers and/or directors. 12. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein

13. Joi-1 3. Clets TV-7

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

are true and that he or she is aware that false information submitted in a document to the Department of State constitutes

a third degree felony as provided for in s.817.155, F.S.

## State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of HELICOPTER FLIGHT SERVICES, INC. was filed on 01/03/1994, under the name of JBK AVIATION SERVICES, INC., with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

A Certificate of Amendment JBK AVIATION SERVICES, INC., changing its name to HELICOPTER FLIGHT SERVICES, INC., was filed 11/27/1995.



WITNESS my hand and the official seal of the Department of State at the City of Albany, this 17th day of October two thousand and seventeen.

Brendan W. Fitzgerald Executive Deputy Secretary of State