

W4000018982

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

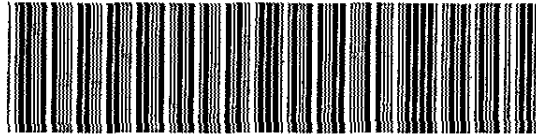
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600029478636

03/01/04--01076--018 \*\*125.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04 MAR - 1 PM 11:27

FILED

W4-18982  
al

BayPhoto Helicopter, LLC  
95 Fiesta Way  
Ft. Lauderdale, FL 33301

954-525-9747

Thomas McDermott  
Manager2-26-04

Michael A. Moulis  
1100 Lee Wagener Blvd  
Ft. Lauderdale, FL 33315

FILED

04 MAR -1 11:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BAY PHOTO HELICOPTER, LLC  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Thomas McDermott  
(Name of Person)

(Firm/Company)

95 Fiesta Way  
(Address)

Ft Lauderdale, FL 33301  
(City/State and Zip Code)

For further information concerning this matter, please call:

Thomas McDermott at ( ) 954-525-9747  
(Name of Person) (Area Code & Daytime Telephone Number)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

06 MAR -1 11:27

FILED

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

BAY PHOTO HELICOPTER, LLC

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

95 FIESTA WAY

FT. LAUDERDALE FL

33301

**Mailing Address:**

SAME

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

MICHAEL A. MOULIS

Name

1100 LEE WAGENER BLVD.

Florida street address (P.O. Box NOT acceptable)

FT. LAUDERDALE FLORIDA 33315

City, State, and Zip

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04 MAR - 1 AM 11:27

FILED

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes..*



Registered Agent's Signature

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Thomas McDermott

95 Fiesta Way

Ft Lauderdale, FL 33301

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Thomas McDermott

Typed or printed name of signee

**Filing Fees:**

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01, MAR - 1 PM 11:27

FILED