## 104000019145

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## TRANSMITTAL LETTER

Divis	ion of Corporations				
SUBJECT: _			HELICOPIED, LLC		
(Name of Limited Liability Company)					
The enclosed Articles of Organization and fee(s) are submitted for filing.					
The distributed at Organization and tools, are suchinted for filling.					
Please return all correspondence concerning this matter to the following:					
Thomas McDermott					
	(Name of Person)				
_	(Firm/Company)				
	95 Flesta Way				
<del></del>		(Add	ress)		
	Ft Lauderdale, FL 33301				
(City/State and Zip Code)					
	(City) Child Table 2 pp Colory				
For further information concerning this matter, please call:					
	Thomas McDermott	at (	954-525-9747		
	(Name of Person)		(Area Code & Daytime Telephone Number)		

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

TO:

Registration Section

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:		
SPEEDISONT	PHOTO HELICOPT	FR, UL	
ARTICLE II - Address The mailing address and	: street address of the principal	office of the Limited Liabil	ity Company is:
Principal Office Address:		Mailing Address:	
95 FIESTA WAY		SAME	-
FA LAUDERD	DATE FL		
33301			
The name and the Florida	Name  Florida street address (P.O. Box N	ed agent are:  ULIS  ENER BLVD	O4 HAR -1 PH
F+	City, State, and Zip	ORIDA 333/S	) 21/11 5: 09

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 \$08, Florida Statutes..

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

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

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

<u>Title:</u>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGRM	Thomas McDermott
	95 Fiesta Way
	Ft Lauderdale, FL 33301
	<u> </u>
(Use attachment if necessary)	
(Coo diddining it hoodbary)	
NOTE: An additional article must be	added if an effective date is requested.
REQUIRED SIGNATURE:	
2	
1700	<del></del>
Signature of a member or an a	uthorized representative of a member.
(In accordance with section 608.	408(3), Florida Statutes, the execution
of this document constitutes an a that the facts stated herein are tr	ffirmation under the penalties of perjury
	16. <i>)</i>
Thomas McDermott	

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)

Typed or printed name of signee