

L04000065419

2004 AUG 30 P 1:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

(Business Entity Name)

(Document Number)

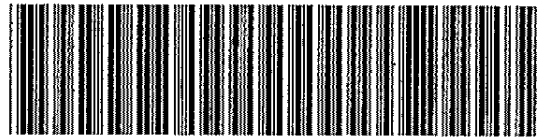
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Special Instructions to Filing Officer:

W04-30972

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08/09/04-01055--001 \*\*125.00



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FLORIDA DEPARTMENT OF STATE 2004 AUG 30 P 1:59

Glenda E. Hood  
Secretary of State

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

August 13, 2004

CHERIE L. ROBERTS  
6350 COCOA LANE  
APOLLO BEACH, FL 33572

SUBJECT: ALL AMERICAN AIR AMBULANCE  
Ref. Number: W04000030972

We have received your document for ALL AMERICAN AIR AMBULANCE and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "Ltd. Co." "L.C." or "L.L.C."

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt  
Document Specialist

Letter Number: 704A00050234

**TRANSMITTAL LETTER**

**FILED**

**TO:** Registration Section  
Division of Corporations

2004 AUG 30 P 1:59

**SUBJECT:** All American Air Ambulance  
(Name of Limited Liability Company)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Please return all correspondence concerning this matter to the following:

Cherie L. Roberts  
(Name of Person)

All American Air Ambulance  
(Firm/Company)

6350 Cocoa Lane  
(Address)

Apollo Beach, FL 33572  
(City/State and Zip Code)

For further information concerning this matter, please call:

Cherie L. Roberts at ( 813 ) 645-3321  
(Name of Person) (Area Code & Daytime Telephone Number)

**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

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## ARTICLE I - Name:

The name of the Limited Liability Company is:

SECRETARY OF STATE  
TALLAHASSEE, FLORIDAAll American Air Ambulance L.L.C

## ARTICLE II - Address:

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

Principal Office Address:Mailing Address:6350 Cocoa Lane  
Apollo Beach, FL  
33572same  
  

## ARTICLE III - Registered Agent, Registered Office, &amp; Registered Agent's Signature:

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

Cherive Roberts  
Name6350 Cocoa Lane  
Florida street address (P.O. Box NOT acceptable)Apollo Beach FLORIDA 33572  
City, State, and Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company as 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.

Cherive Roberts  
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:

**FILED**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

Cherie L. Roberts  
6350 Cocoa Lane  
Apollo Beach, FL 33572

MGRM

Miles Lansing  
2690 Drew St, Apt 1152  
Clearwater, FL 33572

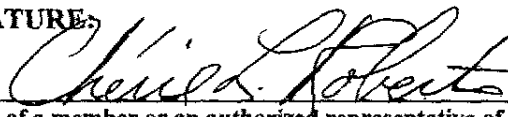
MGRM

Gary Barrett  
17887 Jamestown Way  
Lutz, FL 33558

(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.)

Cherie L Roberts

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)