L07000037404

(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)							
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL							
(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



800095919448

04/06/07--01025--023 **130.00

07 APR -6 AH IO: 36
SECRETARY OF STATE
ALLAHASSEE, FLORIDA



COVER LETTER »

то:	Registration Section • Division of Corporations								
SURJE	ECT:	Suns	hine State Helicop	ters	LLC				
50241			(Name of Limite			iny)			
The en	closed Arti	icles of	Organization and fee(s) are	submit	ted for filing	z .			
Please	return all c	orrespo	ondence concerning this matt	er to ti	ne following				
			Daryl						
				(Name	of Person)				
•	(Firm/Company)								
			PO Box 3400						
				(Ac	idress)				
			Holiday, FL 3	4692					
•			(City	/State	and Zip Code	:)			
For fur	ther inform	nation o	concerning this matter, please	call:					
			1.0-1			F4.4.0	070		
	······································		1 Schram of Person)	_ at ((Area Code) 514-9 e & Daytime T	979 Telephone Number)		
						•			
Enclos	ed is a ch	eck fo	r the following amount:						
\$125	.00 Filing	g Fee	x \$130.00 Filing Fee & Certificate of Status	Cer	\$155.00 Firtified Copy		\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
			Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Registrati Division Clifton B 2661 Exe	ourier Addre	ons r Circle		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
•	
Sunshine State Helicopters, LLC	
Must end with the words "Limited Liability Company, "Limited C	Company" or their abbreviation "LLC," or "L,C.,")
	• •
ARTICLE II - Address: The mailing address and street address of the princ	cipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4544 Bartelt Road, Holiday, FL 34690	PO Box 3400, Holiday, FL 34692
	·
ARTICLE III - Registered Agent, Registered O The Limited Liability Company cannot serve as its own Registered business entity with an active Florida registration.)	
The name and the Florida street address of the regi	Stered agent are: FILED FILED FILED S (P.O. Box NOT acceptable) 34655
Daryl Schram	AS L
Name	AKT OF ASSEE,
1349 Dinsmore Court	
	s (P.O. Box NOT acceptable)
Now Port Richay	34655 RP 36
City, State, and	
	-
Having been named as registered agent and to acciliability company at the place designated in this	certificate, I hereby accept the appointment as
registered agent and agree to act in this capacity. I	
statutes relating to the proper and complete performance accept the obligations of my position as register	
accept the obligations of my position as register	eu agent as providea jor in Chapter 600, 1.3
Dall	
Registered Agent's Signature	(REQUIRED)

(CONTINUED) Page 1 of 2

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

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

<u>Title:</u> "MGR" = Mana "MGRM" = Ma	ger naging Member	Name and Address:			
MGR		Margaret Schram			
4 					
	A. 148-				
	······				
			······································		
(Use attachment	if necessary)	·			
	sted, the date must be ate of filing.)	date of filing: (specific and cannot be more than five bu			rio
•	Margare	t Schran			
	Signature of a member	or an authorized representative of a member.	ZZ	0	
	(In accordance with sect of this document constitution that the facts stated he	ion 608.408(3), Florida Statutes, the execution utes an affirmation under the penalties of perjury rein are true.)	ECRETAI	7 APR -	
	Margai	ret Schram ed or printed name of signee	SSEE	9-	
Filing Fees		ed of printed frame of signee	Jr SÍAI E, FLORI	AH 10: 3	Ċ

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

- \$ 5.00 Certificate of Status (Optional)