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EMPIRE CDR KIT

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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**air medical services, llc**

Certificate of Status	0
Certified Copy	1
Page Count	02
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**T. HAMPTON**

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**EXAMINER**

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EMPIRE CORP KIT

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Florida Dept of State

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April 17, 2008

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

EMPIRE CORPORATE KIT COMPANY

SUBJECT: AIR MEDICAL SERVICES, LLC  
REF: W08000019493

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

If you have any further questions concerning your document, please call (850) 245-6855.

Tammy Hampton  
Regulatory Specialist II  
Registration/Qualification Section

FAX Aud. #: H08000098350  
Letter Number: 008A00023000

P.O BOX 6327 - Tallahassee, Florida 32314

② H08000098350

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

AIR MEDICAL SERVICES, LLC

## ARTICLE II - Address:

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

Chen, 5955 Ponce de Leon Blvd, Coral Gables, FL 33146

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

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

V Chen

Name

5955 Ponce de Leon Blvd

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

Coral Gables

FL

33146

City, State, and Zip

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, F.S.

Registered Agent's Signature

(An additional article must be added if an effective date is requested)

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.)

Vin Chen

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)

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