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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

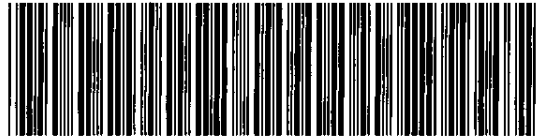
W09-2297

A. LUNT

JAN 28 2009

EXAMINER

Office Use Only



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01/14/09--01041--005 **150.00

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2009 JAN 27 PM 4:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Erickson Aviation Services, LLC
26852 McLaughlin Blvd
Bonita Springs, FL 34134

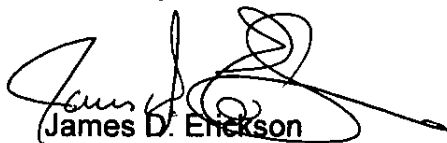
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sirs,

January 12, 2009

Attached is our application for transfer of Erickson Aviation Services, LLC to Florida. Enclosed please find application forms and a check for \$150. If there are any questions please contact James Erickson, President, Erickson Aviations Services, LLC at 239-221-7501, cel. 703-966-3364 or email Eaviation@Yahoo.com.

Sincerely,



James D. Erickson
President, Erickson Aviation Services, LLC



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 15, 2009

JAMES D. ERICKSON
26852 MCCLAUGHLIN BLVD.
BONITA SPRINGS, FL 34134

SUBJECT: ERICKSON AVIATION SERVICES, LLC
Ref. Number: W09000002297

We have received your document for ERICKSON AVIATION SERVICES, LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Sections 607.1113, 608.4403, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by a member or an authorized representative of a member. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Agnes Lunt
Regulatory Specialist II

Letter Number: 909A00001652

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ERICKSON AVIATION SERVICES, LLC
(Name of Resulting Florida Limited Company)

The enclosed Certificate of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 608.439, F.S.

Please return all correspondence concerning this matter to:

JAMES D. ERICKSON
(Contact Person)

ERICKSON AVIATION SERVICES, LLC
(Firm/Company)

26852 McLAUGHLIN BLVD.
(Address)

BONITA SPRINGS, FL 34134
(City, State and Zip Code)

For further information concerning this matter, please call:

JAMES D. ERICKSON at (239) 221-7501
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$150.00 Filing Fees
(\$25 for Conversion
& \$125 for Articles
of Organization)

☐ \$155.00 Filing Fees
and Certificate of
Status

☐ \$180.00 Filing Fees
and Certified Copy

☐ \$185.00 Filing Fees,
Certified Copy, and
Certificate of Status

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Certificate of Conversion
For
"Other Business Entity"
Into
Florida Limited Liability Company

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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This Certificate of Conversion **and attached Articles of Organization** are submitted to convert the following **"Other Business Entity"** into a **Florida Limited Liability Company** in accordance with s.608.439, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

ERICKSON AVIATION SERVICES, LLC
(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a SOLE PROPRIETORSHIP.
(Enter entity type. Example: corporation, limited partnership, sole proprietorship, general partnership, common law or business trust, etc.)

first organized, formed or incorporated under the laws of VIRGINIA
(Enter state, or if a non-U.S. entity, the name of the country)

on JUNE 2, 2005
(Enter date "Other Business Entity" was first organized, formed or incorporated)

3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:

4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:

ERICKSON AVIATION SERVICES, LLC
(Enter Name of Florida Limited Liability Company)

5. If not effective on the date of filing, enter the effective date: _____
(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; **AND** 2) must be the same as the effective date listed in the attached Articles of Organization, if an effective date is listed therein.)

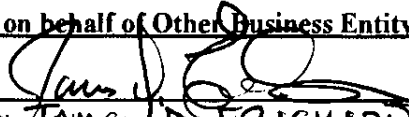
Signed this 12TH day of JANUARY 2009

Signature of Member or Authorized Representative of Limited Liability Company:

Signature of Member or Authorized Representative: 

Printed Name: JAMES D. ERICKSON Title: PRESIDENT, ERICKSON AVIATION SERVICES, LLC

Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]

Signature: 

Printed Name: JAMES D. ERICKSON Title: PRESIDENT, ERICKSON AVIATION SERVICES, LLC

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

If Florida Corporation:

Signature of Chairman, Vice Chairman, Director, or Officer.

If Directors or Officers have not been selected, an Incorporator must sign.

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

All others:

Signature of an authorized person.

Fees:

Certificate of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ERICKSON AVIATION SERVICES, LLC

(Must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

26852 McLAUGHLIN BLVD.
BONITA SPRINGS, FL 34134

Mailing Address:

- SAME -

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

JAMES D. ERICKSON
Name
26852 McLAUGHLIN BLVD.
Florida street address (P.O. Box **NOT** acceptable)
BONITA SPRINGS, FL 34134
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.

James D. Erickson
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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TALLAHASSEE, FLORIDA

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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:

MGR

JAMES D. ERICKSON
26852 McLAUGHLIN BLVD
BONITA SPRING FL 34134

MGRM

ELIZABETH ERICKSON
26852 McLAUGHLIN BLVD,
BONITA SPRING FL 34134

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____

(OPTIONAL)

(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Certificate of Conversion, if an effective date is listed therein.)

REQUIRED SIGNATURE:

Elizabeth Erickson
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.)

ELIZABETH ERICKSON
Typed or printed name of signee

Filing Fees:

**\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent**

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA