

L13000097981

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

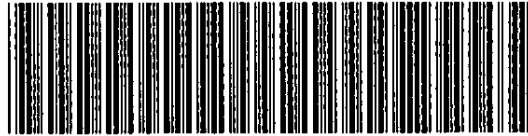
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER

JUL 10 2013



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 8, 2013

ALFRED E MARTINEZ
8521 SW 86TH AVE.
MIAMI, FL 33143

SUBJECT: HELIFLIGHT US, L.L.C.
Ref. Number: W13000038510

We have received your document for HELIFLIGHT US, L.L.C. 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 designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P11000036310 "HELIFLIGHT US CORP".

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly
Regulatory Specialist II

Letter Number: 913A00016649

(850) 245-6051.

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **Heliflight US, L.L.C.**
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Alfred E. Martinez

Name of Person

Heliflight US, L.L.C.

Firm/Company

8521 SW 86th Ave.

Address

Miami/Florida 33143

City/State and Zip Code

amartfl@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alfred E. Martinez

Name of Person

at **305** **857-0400 ext. 106**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

Street/Courier Address

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



Richard D. Lara
rlara@mltrial.com

July 10, 2013

Via Facsimile: (850) 245.6030

Florida Department of State

Division of Corporations - Registration

Attn: Karen

Re: Heliflight US, L.L.C. - General Representation

Dear Karen:

This letter confirms that as the President of Heliflight US Corp., I wish to organize and incorporate a Limited Liability Company with a similar name, Heliflight US, L.L.C. Please accept this letter as authorization to complete the application that was previously submitted to you last week (which included the \$125.00 filing fee). If you have any questions, please contact my attorney Richard D. Lara at his office (305-377-3770). We thank you in advance for your efforts in expediting this process.

Sincerely,

A handwritten signature in black ink, appearing to read 'Ubaldino Real', written over a horizontal line.

Ubaldino Real, President, Heliflight US Corp.

cc: Richard D. Lara, Esq.
18466/CP#14

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Heliflight US, L.L.C.

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

ARTICLE II - Address:

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

Principal Office Address:

8521 SW 86th Ave.

Miami/Florida 33143

Mailing Address:

8521 SW 86th Ave.

Miami/Florida 33143

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:

Richard D. Lara, Esq.

Name

2601 South Bayshore Drive, Suite 800

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

Miami, Florida, 33133

FL

City, State, and Zip

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TALLAHASSEE, FLORIDA

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 (REQUIRED)

(CONTINUED)

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:

MGRM

Ubaldo Antonio Real Solis

8521 SW 86th Ave.

Miami/Florida 33143

MGRM

Alfred E. Martinez

8521 SW 86th Ave.

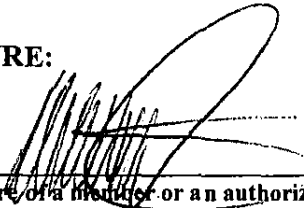
Miami/Florida 33143

(Use attachment if necessary)

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

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Alfred E. Martinez

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)