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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062

Phone : (323)962-8600

Fax Number : (323)962-3889

*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address:

FLORIDA LIMITED LIABILITY CO. MedEVAC Aviation Costa Rica, LLC

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Certified Copy	1
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TALLAMASSEE, FLORIDA
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Electronic Filing Menu

Corporate Filing Menu

Help

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COVER LETTER

TO:	Registration Division of C	Section Corporations		
SUBJI	CT: MedEV	'AC Aviation Costa Rica, I Name of Li	LLC mited Liability Company	
The en	closed Articles	of Organization and fee(s) a	are submitted for filing.	
Please	return all corre	spondence concerning this n	natter to the following:	
	Chevenr	ne Moseley	Name of Person	
	<u>LegalZoo</u>	om.com, inc.	Firm/Company	
	100 W E	roadway, Sulte 100	Address	
	Glendale	e. CA 91210	City/State and Zip Code	
اف	ninefilings@le	egalzoom.com E-mail address: (to be use	ed for future annual report notific	ation)
For fu	ther informatio	n concerning this matter, ple	ease caff:	
Cheve	enne Moseley Nar	ne of Person at (323) 962-8600 ext 76 Area Code Daytime To	525 elephone Number
Enclos	ed is a check fo	or the following amount:		
\$125.6	0 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	☑\$155.00 Filing Peo & Certified Copy (additional copy is enclosed)	□\$160.00 Filing Pce, 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
Talfahassee, FL 32301



ARTICLESOFORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY 15 DEC 22 AFF 9: 45

ANTICLESOF ORDANIZATION	TOWNS AND SECOND AND S
ARTICLE I - Name:	··,
The name of the Limited Liability Company is:	
The mand of the Balanca Empirity Company in	
MedEVAC Aviation Costa Rica, LLC	
(Must end with the words "L	limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the princ	cinal office of the Limited Liability Company is:
,	
Principal Office Address:	Mailing Address:
0700 1811 781 01	
6703 NW 7th St	
MISHI, I C 00 120	
ARTICLE III - Registered Agent, Registered O	ffice, & Registered Agent's Signature:
	ts own Registered Agent. You must designate an individual or
another business entity with an active Florida regi	stration.)
The name and the Plorida street address of the reg	integral action over
the many after the freeda stroot address of file tes	isiorod agont aro.
United States Corporati	on Agents, Inc.
	Name
13302 Winding Oaks Co	
Florida street address (P.	D. Box NCTI acceptable)
Tampa	FL 33612-3425
City	Zip
	·
Having heen named as registered agent and to acc	cept 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 juriner agree to comply with the prov	isions of all statutes relating to the proper and complete performance
oj my anties, ana i am jamittar wun ana accept	the obligations of my position as registered agent as provided for in Chapter 605, F.S
Γ	Chapter 605, P.S.
(\wedge \wedge
	<u> </u>
Registered Agent's	Signature (REQUIRED)
Cheye	enne Mosaley, United States Corporation Agents, Inc.
(CON	TINUED)

Page 1 of 2

Title:	Name and Address:				
"AMBR" = Authorized Member					
"MGR" - Manager		- XU			
MGR, AMBR	Juan Carlos Arguedas	is 22			
	6703 NW 7jh St.				
	Miami, FL 33126				
NOD AMOO	0.111				
MGR. AMBR	Guillermo Arguedas				
	6703 NW 7th St.	1 - 1			
	Miami, FL 33126				
MGR, AMBR	Doverno Villalahaa				
MGN. AMIDA	Dayanna Villalobos				
	6703 NW 7th St. Miami. FL 33126	—— <u>f</u> 2			
	WRAITS, I L 33 120	5			
AMBR	Alberto Carson				
	6703 NW 7th St.				
	Miami, FL 33126				
					
(Use attachment if necessary)					
	•				
CLE V: Effective date, if other than the date of filing: (OPTIONAL)					
eriective date is listed, the date must be	specific and cannot be more than five business days [prior to or 90 days after			
te of filling.)					
CLE VI: Other provisions, if any.					
• • •					
REQUIRED SIGNATURE:					

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), 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.)

Chevenne Moseley, Legalzoom.com. Inc.
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)