

m03000001128

PAGE 1/4

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.**  
Type the fax audit number (shown below) on the top and bottom  
of all pages of the document.

(((H03000110070 7)))

**Note: DO NOT hit the REFRESH/RELOAD button on your browser  
from this page. Doing so will generate another cover sheet.**

To:  
Division of Corporations  
Fax Number : (850) 205-0383

From:  
Account Name : HODGSON RUSS LLP  
Account Number : 072720000242  
Phone : (561) 394-0500  
Fax Number : (561) 394-3862

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

03 APR -9 PM 3:55

FILED

Name	Available
Electronic Filing	03 APR -9 PM 1:54
Updater	DCC
Updater	DCC
Acknowledgment	DCC
W. P. Verifier	DCC

**FOREIGN LIMITED LIABILITY COMPANY**

**THE AIR AMBULANCE GROUP, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

H03000110070 7

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 608.501, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. THE AIR AMBULANCE GROUP, I.L.C.  
(Name of foreign limited liability company)
2. DELAWARE  
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 59-3768137  
(FEI number, if applicable)
4. FEBRUARY 26, 2003  
(Date of Organization)
5. PERPETUAL  
(Duration: Year limited liability company will cease to exist or "perpetual")
6. UPON QUALIFICATION  
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. 2424 N. FEDERAL HIGHWAY, SUITE 101  
BOCA RATON, FL 33431  
(Street address of principal office)
8. If limited liability company is a manager-managed company, check here ☒
9. The name and usual business addresses of the managing members or managers are as follows:  
BG CAPITAL GROUP SOUTH FLORIDA, INC.  
2424 N. FEDERAL HIGHWAY  
SUITE 101  
BOCA RATON, FL 33431
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida: SALES AND  
MARKETING; AIR TRANSPORTATION

Signature of a member or an authorized representative of a member.  
(In accordance with section 508.503(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

ROBERT GENOVESE, PRESIDENT OF B.G. CAPITAL GROUP LTD.

Typed or printed name of signee

FILED  
03 APR -9 PM 3:55  
TALLAHASSEE, FLORIDA

H03000110070 7

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

THE AIR AMBULANCE GROUP, LLC

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

HRAWG CORP.

(Name)

1801 N. MILITARY TRAIL, SUITE 200

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

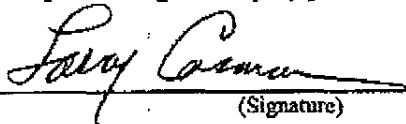
BOCA RATON

FL 33431

(City/State/Zip)

FILED  
03 APR -9 PM 3:55  
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.*

  
(Signature)

\$ 100.00 Filing Fee for Application  
\$ 25.00 Designation of Registered Agent  
\$ 30.00 Certified Copy (optional)  
\$ 5.00 Certificate of Status (optional)

# Delaware

PAGE 1

*The First State*

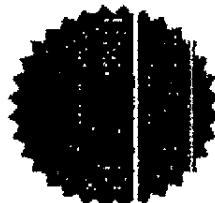
I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "THE AIR AMBULANCE GROUP, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTY-FIRST DAY OF MARCH, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "THE AIR AMBULANCE GROUP, LLC" WAS FORMED ON THE TWENTY-SIXTH DAY OF FEBRUARY, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

03 APR -9 PM 3:55  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

FILED



*Harriet Smith Windsor*  
Harriet Smith Windsor, Secretary of State

3629790 8300

AUTHENTICATION: 2341029

030213243

DATE: 03-31-03