# M110000022189

| (Requestor's Name)                                  |   |
|---|---|
|   | - |
| (Address)   |   |
| (Address)   |   |
| (radicas)   |   |
| (City/State/Zip/Phone #)                            |   |
| PICK-UP WAIT MAIL                                   |   |
| (Business Entity Name)                              |   |
| (Document Number)                                   |   |
| Certified Copies Certificates of Status             |   |
| Special Instructions to Filing Officer:  L. SELLERS |   |
| MAY - 5, 2011                                       |   |
| EXAMINER  |   |
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Office Use Only

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SECRETARY OF STATE

#### **COVER LETTER**

Registration Section Division of Corporations

TO:

| SUBJECT: Global Medical Escorts LLC  |
|--|
| Name of Limited Liability Company  |
| The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida. |
| Please return all correspondence concerning this matter to the following:  |
| Dinu Popa  |
| Name of Person   |
| Global Medical Escorts LLC   |
| Firm/Company   |
| 3106 Grandiflora Dr  |
| Address  |
| Lake Worth, FL 33467   |
| City/State and Zip Code  |
| dinupopa@ymail.com  E-mail address: (to be used for future annual report notification)   |
| For further information concerning this matter, please call:   |
| Dinu Popa at ( 954 ) 274-1138  |
| Name of Person Area Code & Daytime Telephone Number  |
| MAILING ADDRESS: STREET ADDRESS:   |
| Division of Corporations  Registration Section  Division of Corporations  Registration Section   |
| P.O. Box 6327 Clifton Building   |
| Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301   |
| Enclosed is a check for the following amount:  \$\int\\$\$125.00 Filing Fee \times \text{S130.00 Filing Fee & Certificate of Status}\$\$  \text{Certified Copy} \text{S160.00 Filing Fee, Certified Copy}\$\$  \$\text{Certified Copy}\$\$                               |



March 8, 2011.

DINU POPA 3106 GRANDIFLORA DR LAKE WORTH, FL 33467

SUBJECT: GLOBAL MEDICAL ESCORTS LLC

Ref. Number: W11000013156

We have received your document for GLOBAL MEDICAL ESCORTS LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The LLC name nor the alternate name designated on your application is available for use in the State of Florida. Please choose another alternatename for use in Florida and make the necessary corrections on all applicable areas of your filing.,

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) 245-6967.

Letter Number: 211A00005647

Leslie Sellers Regulatory Specialist II

www.sunbiz.org

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| 1. Global Medical Escorts LLC  |  |
|--|--|
| (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "L  | LC.")                                  |
| Jet Medical Escorts LLC  |  |
| (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a consent of the managers or managing members adopting the alternate name. The alternate name must include "Lin Company," "L.L.C," "LLC.")  |  |
| 2. Delaware 3. 27-5035024  |  |
| (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)   |  |
| 4. 02/15/2011 5. Perpetual   |  |
| (Date of Organization) (Duration: Year limited liability company wi exist or "perpetual")  | ll cease to                            |
| 6. <b>N/A</b>  |  |
| (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)  |  |
| 7. 3106 Grandiflora Dr   |  |
| Lake Worth, FL 33467   |  |
| (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 follow   | s:                                     |
| Dinu Popa, 3106 Grandiflora Dr, Lake Worth, FL 33467   | ************************************** |
|  |  |
|  | ************************************** |
|  |  |
| 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having out the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign law.)  | •                                      |
| translation of the certificate under oath of the translator must be submitted.)  | 2                                      |
| 11. Nature of business or purposes to be conducted or promoted in Florida:   | E T                                    |
| Any and all lawful business  | -2                                     |
| The state of the s | ₹ <b>m</b>                             |
| Signature of a member or an authorized representative of a member.   | - E                                    |
| (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under  | the S                                  |
| penalties of perjury that the facts stated herein are true. I am aware that any false information submittee document to the Department of State constitutes a third degree felony as provided for in s.817.15.   | lina                                   |
| Dinu Popa  | •                                      |
| Typed or printed name of signee  |  |

# WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE STATE OF FLORIDA

| We, the undersigned, do he                                      | reby certify that we are the Managers and/or Managing          |
|---|--|
| Members of  | Global Medical Escorts LLC                                     |
|   | (Name of Limited Liability Company)                            |
| a limited liability company                                     | duly organized and existing under the laws of                  |
| Delaw   |  |
| (State or Country   | of Organization)   |
| Because the name of this fo                                     | reign limited liability company does not satisfy the           |
| requirements of the s. 608.4                                    | 06, F.S., the limited liability company hereby adopts the      |
| following name to transact                                      | business in the state of Florida:                              |
|   | Jet Medical Escorts LLC  |
| (Name to be used by limited liability Company, L.L.C., or LLC.) | company in Florida. NOTE: Name must end with Limited Liability |
| Date: 4/20/2011   |  |
| Signature(s) of Manager(s)                                      | and/or Managing Member(s):                                     |
| Dinu Popa   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   | 44   |
|   |  |
|   |  |

### 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 Com   | npany is:  |   |     |
|--|--|---|-----|
| Global Medical Escorts LLC   |  |   | _   |
| If unavailable, the alternate to be used in t  | the state of Florida i   | is:   |     |
| Jet Medical Escorts LLC  |  |   | -   |
| 2. The name and the Florida street addres  | s of the registered a  | agent and office are:   |     |
| Frank, Weinberg & Blac   | k, P.L. Attn: Micha  | ael Kammer  |     |
|  | (Name)   |   |     |
| 7805 S. W. 6th Court<br>Florida Street Ad  | ddress (P.O. Box <u>NOT</u>  | <u>r</u> acceptable)  |     |
| Plantation   | FL<br>City/State/Zip   | 33324   |     |
| Having been named as registered agent and liability company at the place designated in agent and agree to act in this capacity. I fur relating to the proper and complete perform obligations of my position as registered age | d to accept service of<br>this certificate, I he<br>orther agree to compl<br>nance of my duties, a | ereby accept the appointment as registe<br>ply with the provisions of all statutes<br>and I am familiar with and accept the | red |

(Signature)

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

PAGE 1

### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "GLOBAL MEDICAL ESCORTS 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 TWENTY-THIRD DAY OF FEBRUARY, A.D. 2011.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED
LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF
DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT
HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS
OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GLOBAL MEDICAL ESCORTS LLC" WAS FORMED ON THE FIFTEENTH DAY OF FEBRUARY, A.D. 2011.

11 MAY -2 PM 4: 40
SECRETARY OF STATE
TAPLAHASSEE, FLORID

4940795 8300

110197496

AUTHENTYCATION: 8577895

DATE: 02-23-11

You may verify this certificate online at corp.delaware.gov/authver.shtml