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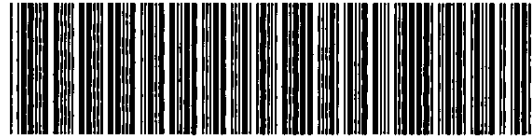
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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August 18, 2014

VIA FED EX (850) 245-6051

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

Re: PHI Air Medical, L.L.C. (f/k/a PHI Air Medical, Inc.) Foreign Application Submittal

Dear Sir/Madam:


As discussed in our telephone conversation with your office today, PHI Air Medical, Inc., which was a Louisiana corporation qualified to do business in Florida, has been converted to a limited liability company named PHI Air Medical, L.L.C. **We have withdrawn the Florida qualification for the corporation's name of PHI Air Medical Inc. so that we can now file for foreign qualification for the LCC.** In order to effectuate this change in your records, please find enclosed the following which we are submitting for filing:

- 1) Cover Letter;
- 2) Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida;
- 3) Certificate of Designation of Registered Agent/Registered Office;
- 4) Original Certificate of Existence from the Louisiana Secretary of State – PHI Air Medical, L.L.C.;
- 5) Original Certificate of Good Standing by the Louisiana Secretary of State – PHI Air Medical, L.L.C.; and
- 6) Check in the amount of \$160.00 for payment of the Foreign Application to Transact Business.

Once the above documents have been processed, we ask that you please return a certified copy of the filed documents as well as a Certificate of Status for PHI Air Medical, L.L.C. in the enclosed Fed Ex envelope.

Do not hesitate to contact the undersigned should you have any questions or require additional information. With kind regards, I remain

Very truly yours,



Chantelle P. Haik
Paralegal & Notary Public

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **PHI AIR MEDICAL, L.L.C.**
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:

Chantelle Haik

Name of Person

King Krebs & Jurgens PLLC

Firm/Company

201 St. Charles Ave. 45th Floor

Address

New Orleans, LA 70170

City/State and Zip Code

chaik@kingkrebs.com

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

For further information concerning this matter, please call:

Chantelle Haik

Name of Contact Person

at (**504**) **582-1236**

Area Code

Daytime Telephone Number

MAILING ADDRESS:

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

STREET ADDRESS:

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

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☒ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

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

*IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. PHI AIR MEDICAL, L.L.C.
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. LOUISIANA 3. 72-1404705
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

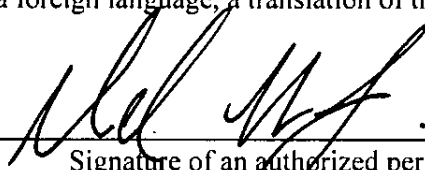
4. February 9, 1995
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 2001 SE EVANGELINE THWY.
LAFAYETTE, LA 70508
(Street Address of Principal Office)

6. 2001 SE EVANGELINE THWY.
LAFAYETTE, LA 70508
(Mailing Address)

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
DAVE MOTZKIN, PRESIDENT - 2800 N. 44th St., Suite 800, Phoenix, AZ 85008

8. 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)



Signature of an authorized person

(In accordance with section 605.0203, F.S., 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.)

DAVE MOTZKIN, PRESIDENT

Typed or printed name of signee

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

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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:

PHI AIR MEDICAL, L.L.C.

If unavailable, the alternate to be used in the state of Florida is:

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

C T CORPORATION SYSTEM

(Name)

1200 SOUTH PINE ISLAND ROAD

Florida Street Address (P.O. Box NOT ACCEPTABLE)

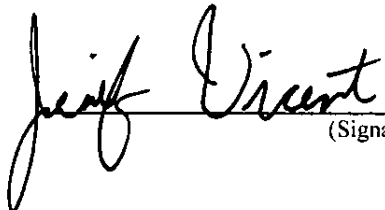
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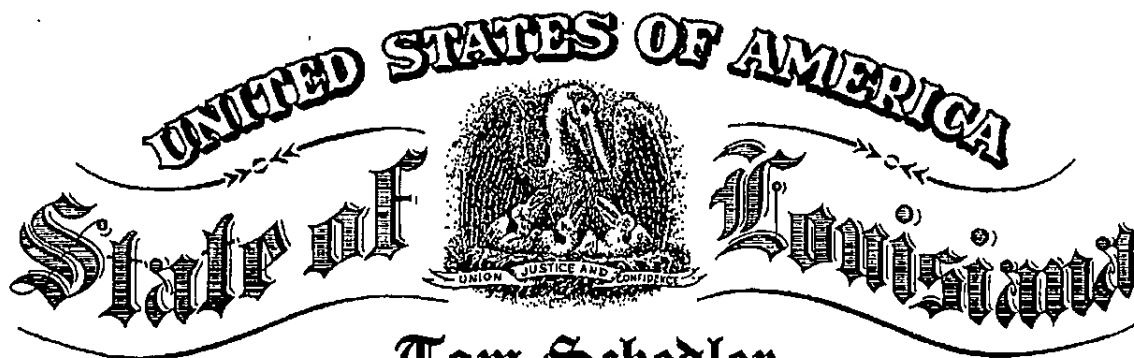
City/State/Zip

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 605, Florida Statutes.

 **Jenifer Vincent**
(Signature) **Vice President & Asst. Secretary**

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

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CLERK OF COURT
TALLAHASSEE, FL



Tom Schedler
SECRETARY OF STATE

As Secretary of State of the State of Louisiana, I do hereby Certify that

PHI AIR MEDICAL, L.L.C.

A limited liability company domiciled in LAFAYETTE, LOUISIANA,

Filed charter and qualified to do business in this State on December 10, 1997,

I further certify that the records of this Office indicate the company has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned, is in good standing and is authorized to do business in this State.

I further certify that this certificate is not intended to reflect the financial condition of this company since this information is not available from the records of this Office.

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SECRETARY OF STATE
TA-CLASSIFIED OK OK

SECRET

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

August 4, 2014

Secretary of State

Web 34601740K



Certificate ID: 10515152#B4C42

To validate this certificate, visit the following web site, go to **Commercial Division, Certificate Validation**, then follow the instructions displayed.
www.sos.louisiana.gov