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TRANSMITTAL LETTER

TO: QUALIFICATION/TAX LIEN SECTION
DIVISION OF CORPORATIONS

SUBJECT: Metro Aviation, Inc.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Jerry Sagura
(Name of Person)
Metro Aviation, Inc.
(Firm/Company)
P.O. Box 7008
(Address)
Shreveport, LA 71137
(City, State and Zip Code)

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Should you need to call someone concerning this matter, please call:

Jerry Sagura at (318) 222-5529
(Name of Person) Area Code & Daytime Telephone Number

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL -3 PM 2:55

COURIER ADDRESS:

Qualification/Tax Lien Sec.
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Sec.
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

**IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACTION BUSINESS IN THE
STATE OF FLORIDA:**

1. Metro Aviation, Inc.
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Louisiana
(State or country under the law of which it is incorporated)
3. 72-0931049
(FEI number, if applicable)
4. 1-20-82
(Date of incorporation)
5. Perpetual
(Duration: Year/corp. will cease to exist or "perpetual")
6. July 1, 1995
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 617.155, F.S.))
7. P.O. Box 7008
Shreveport, LA 71137
(Current mailing address)
8. Helicopter services
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent:

Name: Wayne Weir
Office Address: 1350 S Hickory St.
Melbourne, Florida, 32901
Attn: CareFlight (Zip Code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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SECRETARY OF STATE
JUL 13 1995
TALLAHASSEE, FLORIDA

12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable)

A. DIRECTORS (Street address only- P. O. Box NOT acceptable)

Chairman: Mike Stanberry
Address: 550 Linden
Shreveport, LA 71104

Vice Chairman: _____
Address: _____

Director: Milton Geltz
Address: 807 Livingston
Shreveport, LA 71107

Director: Jerry Segura
Address: 6149 Masters Dr.
Shreveport LA 71129

B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: Mike Stanberry
Address: 550 Linden
Shreveport LA 71104

Vice President: Vacant
Address: _____

Secretary: Milton Geltz
Address: 807 Livingston
Shreveport, LA 71107

Treasurer: Jerry Segura
Address: 6149 Masters Dr Shreveport LA 71129

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Jerry Segura
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Jerry Segura Treasurer
(Typed or printed name and capacity of person signing application)

UNITED STATES OF AMERICA
State of Louisiana

Box McKeithen
SECRETARY OF STATE

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

METRO AVIATION, INC.

Domiciled at Shreveport, Louisiana,

Were filed in this Office and a Certificate of Incorporation
was issued on January 20, 1982,

I further certify that no Certificate of Dissolution has
been issued.

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SECRETARY OF STATE
DIVISION OF REVENUE
55 JUL -3 PM 4:12

*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,*

June 22, 1995

Box McKeithen

NWA

Secretary of State

