



Secretary of State
Statement of Information
 (Limited Liability Company)

143

LLC-12

FILED
 Secretary of State
 State of California

OCT 25 2016

IMPORTANT — Read instructions before completing this form.

Filing Fee - \$20.00

Copy Fees – Face Page \$1.00 & .50 for each attachment page;
Certification Fee - \$5.00

26/20/CC

This Space For Office Use Only

1. Limited Liability Company Name
 EMT AIR LLC (Formerly SMRK Operations, LLC)

2. 12-Digit Secretary of State File Number
 201424610150

3. State or Place of Organization (only if formed outside of California)
 DELAWARE

4. Business Addresses

a. Street Address of Principal Office - Do not list a P.O. Box 2121 AVENUE OF THE STARS, SUITE #2570	City (no abbreviations) LOS ANGELES	State CA	Zip Code 90067
b. Mailing Address of LLC, if different than item 4a	City (no abbreviations)	State	Zip Code
c. Street Address of California Office, if item 4a is not in California - Do not list a P.O. Box	City (no abbreviations)	State CA	Zip Code

5. Manager(s) or Member(s)

If no **managers** have been appointed or elected, provide the name and address of each **member**. At least one name and address must be listed. If the manager/member is an individual, complete items 5a and 5c (leave item 5b blank). If the manager/member is an entity, complete items 5b and 5c (leave item 5a blank). Note: The LLC cannot serve as its own manager or member. If the LLC has additional managers/members, enter the name(s) and addresses on Form LLC-12A (see instructions).

a. First Name, if an individual - Do not complete item 5b STEVEN	Middle Name T.	Last Name MNUCHIN	Suffix
b. Entity Name - Do not complete item 5a			
c. Address 2121 AVENUE OF THE STARS, SUITE #2570	City (no abbreviations) LOS ANGELES	State CA	Zip Code 90067

6. Agent for Service of Process

Item 6a and 6b: If the agent is an individual, the agent must reside in California and item 6a and 6b must be completed with the agent's name and California address. **Item 6c:** If the agent is a California Registered Corporate Agent, a current agent registration certificate must be on file with the California Secretary of State and item 6c must be completed (leave item 6a-6b blank).

a. California Agent's First Name (if agent is not a corporation) STEVEN	Middle Name T.	Last Name MNUCHIN	Suffix
b. Street Address (if agent is not a corporation) - Do not list a P.O. Box 2121 AVENUE OF THE STARS, SUITE #2570	City (no abbreviations) LOS ANGELES	State CA	Zip Code 90067
c. California Registered Corporate Agent's Name (if agent is a corporation) - Do not complete item 6a or 6b			

7. Type of Business

a. Describe the type of business or services of the Limited Liability Company
 AIR TRANSPORTATION

8. Chief Executive Officer, if elected or appointed

a. First Name STEVEN	Middle Name T.	Last Name MNUCHIN	Suffix
b. Address 2121 AVENUE OF THE STARS, SUITE #2570	City (no abbreviations) LOS ANGELES	State CA	Zip Code 90067

9. The information contained herein, including any attachments, is true and correct.

3/21/16
 Date

STEVEN T. MNUCHIN

Type or Print Name of Person Completing the Form

MANAGING MEMBER

Title

[Signature]
 Signature

Return Address (Optional) (For communication from the Secretary of State related to this document, or if purchasing a copy of the filed document enter the name of a person or company and the mailing address. This information will become public when filed. SEE INSTRUCTIONS BEFORE COMPLETING.)

Name: []
 Company: []
 Address: []
 City/State/Zip: []