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(Re	questor's Name)		
(Address)			
(Ad	dress)		
(Cit	ty/State/Zip/Phone	• #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to	Filing Officer:		

Office Use Only



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COVER LETTER

TO:	Registration Division of (
SHR	JECT:	COMPACT	CHILLER, LLC	•
501	,EC1.		Florida Limited Company)
conve		usiness Entity" into a '	rticles of Organization "Florida Limited Liabi	, and fees are submitted t lity Company" in
Please	e return all cor	respondence concernir	ng this matter to:	
	FER	NANDO VALDE	S	
		(Contact Person)	· · · · · · · · · · · · · · · · · · ·	-
	FERN	ANDO E VALDE	S PA	07
		(Firm/Company)		
·	9519	SW 154TH PLA	CE	•
		(Address)		•
	N	11AMI, FL 33196		·
	(City, State and Zip Code)		
For fi	urther informat	ion concerning this ma	atter, please call:	
FEF	RNANDO V	ALDES		3-9831
	(Name of Cont	act Person)	(Area Code and D	aytime Telephone Number)
Enclo	sed is a check	for the following amo	unt:	
(\$25 fe	0.00 Filing Fees or Conversion 5 for Articles ranization)	\$155.00 Filing Fees and Certificate of Status	\$180.00 Filing Fees and Certified Copy	▼\$185.00 Filing Fees, Certified Copy, and Certificate of Status
Regis Divis Clifto 2661	EET ADDRESS stration Section sion of Corpora on Building Executive Cer hassee, FL 32	tions ter Circle	MAILING Registration Division of 0 P. O. Box 63 Tallahassee,	Section Corporations 327

Certificate of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

This Certificate of Conversion and attached Articles of Organization are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.608.439, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this	
Certificate of Conversion is: COMPACTCHILLER, INC. # P070000	8.7348
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a CORPORATION (Enter entity type. Example: corporation, limited partnership, sole proprietors general partnership, common law or business trust, etc.)	hip,
first organized, formed or incorporated under the laws of FLORIDA (Enter state, or if a non-U.S. entity, the name of the country)	
on AUGUST 02, 2007	
(Enter date "Other Business Entity" was first organized, formed or incorporat	ed) 👱
3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:	VISION OF CON
4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:	FRATATIONS PM 11:52
COMPACTCHILLER, LLC	
(Enter Name of Florida Limited Liability Company)	_

Page 1 of 2

5. If not effective on the date of filing, enter the effective date: (The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as a effective date listed in the attached Articles of Organization, if an effective date is listed therein.)
Signed this 6 day of Saptember 20 07.
Signature of Authorized Person:
Printed Name: LUCA BUTTAZZONI Title: PRESIDENT

Page 2 of 2

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

COMPACTCHILLER, LLC (Must end with the words "Limited Liability Company," the "LLC.")	ne abbreviation "L.L.C.," or the designation	1		
ARTICLE II - Address: The mailing address and street address of th Liability Company is:	e principal office of the Limited			
Principal Office Address:	Mailing Address:			
6338 COLLINS AVENUE SUITE 41 MIAMI BEACH, FL 33141	6338 COLLINS AVENUE SUITE 4 MIAMI BEACH, FL 33141	!1		
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are:				
The name and the Florida street address of the registered agent are:				
LUCA BUTTAZZONI 6538 COLLINS AVENUE				
LUCA BUTTAZZONI 6538 COLLINS AVENUE				
Florida street address (P.O. Box NOT acceptable)				
MIAMI BEACH FL				
City, S	State, and 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 608, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGR	LUCA BUTTAZZONI
	6538 COLLINS AVENUE SUITE 41
	MIAMI BEACH, FL 33141
	,
	OT SECRITE
	Post
	P CZE
	(Use attachment if necessary)
ICLE V: Effective date, if other than the	date of filing:
TONAL)	52
	be specific and cannot be more than five
iness days prior to or 90 days after the da	ate of niing.)
REQUIRED SIGNATURE:	
Ma Di	Asomet \
Signature of a member or an au	thorized representative of a member.
(In accordance with section 608.4	408(3), Florida Statutes, the execution
of this document constitutes an aff	firmation under the penaltics of perjury
that the facts ste	ated herein are true.)
	TTAEEONI
Typed or print	ted name of signee