# L09000104763

(Address)
,
(Address)
(City/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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O9 OCT 29 AM II: 22 SECRETARY OF STATE TAIL AHASSEE, FLORIDA

J. BRYAN

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**EXAMINER** 

#### **COVER LETTER**

Division of Corporations
SUBJECT: Kleen Breeze LLC
(Name of Resulting Florida Limited Company)
The enclosed Certificate of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 608.439, F.S.
Please return all correspondence concerning this matter to:
Michael Ferraro
Michael Ferraro  (Contact Person)  (Firm/Company)  196 E. Nine Mile Rd Suite E  (Address)
(Firm/Company)
196 E. Nine Mile Rd Suite E
(Address) ORITE 22
Pensacola FL 32534
(City, State and Zip Code)
For further information concerning this matter, please call:
Michael Ferraroat (_850) 475-4100
(Name of Contact Person) (Area Code and Daytime Telephone Number)
Enclosed is a check for the following amount:
■ \$150.00 Filing Fees (\$25 for Conversion & and Certificate of Status  ■ \$180.00 Filing Fees and Certified Copy & Certified Copy, and Certificate of Status
STREET ADDRESS: Registration Section Division of Corporations Clifton Building P. O. Box 6327 Tollopasson, FL 32314

Tallahassee, FL 32301

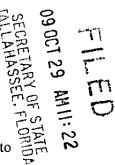
#### **Certificate of Conversion**

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: Kleen Breeze Heating & Air Inc	#P09000071915
(Enter Name of	Other Business Entity)
2. The "Other Business Entity" is a Corpor	ation
• • • • • • • • • • • • • • • • • • • •	e: corporation, limited partnership, mon law or business trust, etc.)
first organized, formed or incorporated und	er the laws of Florida
(Enter state, or if a non-U.S	. entity, the name of the country)
on 08/26/09 (Enter date "Other Business Entity" w	vas first organized, formed or incorporated)
3. If the jurisdiction of the "Other Business under the laws of which it is now organized.	s Entity" was changed, the state or country I, formed or incorporated:
4. The name of the Florida Limited Liabili Articles of Organization:	ty Company as set forth in the attached
Kleen Breeze LLC	
(Enter Name of Florida	Limited Liability Company)
document is filed by the Florida Departneeffective date listed in the attached Artic	er the effective date:  o nor more than 90 days after the date this nent of State; AND 2) must be the same as the les of Organization, if an effective date is
(Enter Name of Florida  5. If not effective on the date of filing, ente (The effective date: 1) cannot be prior to document is filed by the Florida Departn	er the effective date:  o nor more than 90 days after the date this nent of State; AND 2) must be the same as the

Signed this 27 day of October	20 09
Signature of Member or Authorized Representat	ive of Limited Liability Company:
Signature of Member or Authorized Representative: Printed Name: Rondial Maynor	Rondal J Mayro Title: MGR
Signature(s) on behalf of Other Business Entity: [S	
Signature: Kandall Powell  Printed Name: Randall Powell	•
Printed Name: Randall Powell	Title: MGRM
Signature: Printed Name:	Title:
Signature: Printed Name:	Title
Fillied Name.	Title.
Signature: Printed Name:	
Printed Name:	_ Title:
Signature:	·
Signature: Printed Name:	
Signature:	09 SEC
Signature: Printed Name:	Title:
$\mu_{N}$ .	HAST 2
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or C	officer SEC 6
If Directors or Officers have not been selected, an Inco	orporator must sign.
	orporator must sign.
If Florida General Partnership or Limited Liability Signature of one General Partner.	y Partnership:
Eighture of one Conord, Farther,	- <del> </del>
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	/ Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Certificate of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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$\overline{}$		 4 1	_		

The name of the Limited Liability Company is:

KLEEN BREEZE LLC		<u> </u>		
(Must end with the words "Limited Liability Company," the ab	breviation "L.L.C.," or the desi-	gnation		
"LLC.")				
ARTICLE II - Address:		SE	09	
The maddle of days and stored address of the se	-::1 - <i>CCC</i> -41 1 :-		8	- American
The mailing address and street address of the p	rincipal office of the Lif	nitean	<u>`</u>	
Liability Company is:		فيبهد عمنز	5	garane.
		ARY SSE	Q	ţ
Principal Office Address:	Mailing Address:	mo	1	111
Timespar Ottico Tradicasi	Tradition 1 to a	T.S.	AM II	[
	•		• •	The party of
6519 Chicago Ave	Box 3812	<u> </u>	1/2	
Pensacola FL 32626	Pensacola FL 32516	ōm,	. ~	
		<i>7.</i> "		

# 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:

Box NOT acce	eptable)
FL 32626	,

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

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Title:	Name and Address:	OS OCT
"MGR" = Manager "MGRM" = Managing Member	·	TARY IASSE
MGR	Rondial Maynor	mg B
	6519 Chicago Ave	
	Pensacola FL 32626	AT DE
MGRM	Randall Powell	
	6519 Chicago Ave	
	Pensacola FL 32626	
		· · · · · · · · · · · · · · · · · · ·
· .		
		<del>,</del>
	(OPTIONAL)	· · · · · · · · · · · · · · · · · · ·
CLE V: Effective date, if other than the fective date: 1) cannot be prior to ent is filed by the Florida Departmentive date listed in the attached listed therein.)	ne date of filing:(OPTIONAL) nor more than 90 days after the nent of State; AND 2) must be the	) le date this he same as
fective date: 1) cannot be prior to ent is filed by the Florida Departm ective date listed in the attached	ne date of filing:(OPTIONAL) nor more than 90 days after the nent of State; AND 2) must be the	) le date this he same as
fective date: 1) cannot be prior to ent is filed by the Florida Departmentive date listed in the attached listed therein.)  REQUIRED SIGNATURE:	(OPTIONAL) nor more than 90 days after the nent of State; AND 2) must be the Certificate of Conversion, if a	) le date this he same as
fective date: 1) cannot be prior to ent is filed by the Florida Departmentive date listed in the attached listed therein.)  REQUIRED SIGNATURE:  Rowlin J. M.	ne date of filing:  (OPTIONAL) nor more than 90 days after the nent of State; AND 2) must be the Certificate of Conversion, if a	de date this he same as n effective
fective date: 1) cannot be prior to ent is filed by the Florida Departmentive date listed in the attached listed therein.)  REQUIRED SIGNATURE:	(OPTIONAL) nor more than 90 days after the nent of State; AND 2) must be the Certificate of Conversion, if a	de date this he same as n effective
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fective date: 1) cannot be prior to ent is filed by the Florida Department of the date listed in the attached listed therein.)  REQUIRED SIGNATURE:  Signature of a member or an a that the facts of this document constitutes an a that the facts of the section of	(OPTIONAL) nor more than 90 days after the nent of State; AND 2) must be the Certificate of Conversion, if an authorized representative of a management of the exercise of the conversion of the exercise of the conversion of the c	de date this he same as n effective
fective date: 1) cannot be prior to ent is filed by the Florida Department of the date listed in the attached listed therein.)  REQUIRED SIGNATURE:  Signature of a member or an a that the facts of this document constitutes an a that the facts of the section of	(OPTIONAL) nor more than 90 days after the nent of State; AND 2) must be the Certificate of Conversion, if a nuthorized representative of a management of the exercise of the conversion of the exercise of the conversion of the exercise of the conversion of the conv	de date this he same as n effective

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\$ 5.00 Certificate of Status (Optional)
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