# 115000135381

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(Requestor's Name)	
(Address)	_
(Address)	_
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	_
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(Document Number)	_
(Booding Nambol)	
Codificat Course	
Certified Copies Certificates of Status	_
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Special Instructions to Filing Officer:	l
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Office Use Only

W15-51265



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### **COVER LETTER**

TO:	Registration S Division of Co				
SUB.	TECT: ACS of T	ampa, LLC			
		(Name	of Resulting Florid	a Limited	d Company)
					d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Pleas	e return all corre	espondence concerning	g this matter to:		
Kevin	G. Brick			_	
	-	(Contact Person)			
Yang	er Law Group, PA				
		(Firm/Company)		_	
217 N	l. Lois Avenue				
		(Address)		_	
Tamp	a, FL 33609				
	((	City, State and Zip Code)		<del>-</del>	
kevin	.brick@yangerlaw.	com			
E-	ınail Address: (10 b	e used for future annual re	port notifications)	_	
For f	urther informati	on concerning this ma	tter, please call:		
Kevir	ı Brick		_at ( <sup>813</sup>	286-7	7025
	(Name of Conta	ict Person)	(Area Code	) (Day	time Telephone Number)
Enclo	osed is a check f	or the following amou	ınt:		
(\$25 f & \$12	50.00 Filing Fees for Conversion 25 for Articles ganization)	\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Co		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
Regis Divis Clifts 2661	EET ADDRES stration Section sion of Corporat on Building Executive Cent	ions er Circle	Regist Divisi P. O. I	ration S on of C Box 632	ADDRESS: Section Corporations 27 FL 32314

INHS11 (06/15)



July 29, 2015

KEVIN G. BRICK 217 N.LOIS AVENUE TAMPA, FL 33609

SUBJECT: ACS OF TAMPA, LLC Ref. Number: W15000051265

We have received your document for ACS OF TAMPA, LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Letter Number: 015A00015909

Maryanne Dickey Regulatory Specialist II New Filing Section

www.sunbiz.org



August 6, 2015

Florida Department of State

ATTN: MARYANNE DICKEY, Regulatory Specialist II

New Filing Section/Division of Corporations

P.O. Box 6327

Tallahassee FL 32314



Re:

ACS of Tampa, LLC Ref: W15000051265

Ms. Dickey:

In response to your correspondence of July 29<sup>th</sup> 2015 enclosed please find the corrected original and one copy of Annual Report for Accountable Climate Solutions, Inc. the Other Business Entity immediately prior to the filing of the Articles of Conversions for ACS of Tampa, LLC.

If you have any questions or there is any problems with the attached documents please do not hesitate to contact me.

Sincerely,

Kevin G. Brick

KG:cmf

Enclosure(s): as stated

### **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT: ACS of To	ampa, LLC		
50B02C1	(Name	of Resulting Florida Limit	ed Company)
			nd fees are submitted to convert an "Othe accordance with s. 605.1045, F.S.
Please return all corre	espondence concerning	g this matter to:	
Kevin G. Brick			
	(Contact Person)		
Yanger Law Group, PA			
	(Firm/Company)		
217 N. Lois Avenue			
	(Address)		
Tampa, FL 33609			
((	City, State and Zip Code)	······································	
kevin.brick@yangerlaw.	com		
E-mail Address: (to be	e used for future annual re	port notifications)	
For further information	on concerning this ma	tter, please call:	
Kevin Brick		_at (813 )286	-7025
(Name of Conta	ct Person)	(Area Code) (Da	ytime Telephone Number)
Enclosed is a check f	or the following amou	int:	
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	\$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
STREET ADDRESS	S:		ADDRESS:
Registration Section	'ana	Registration	
Division of Corporati Clifton Building	ons	P. O. Box 6	Corporations 327
2661 Executive Center	er Circle	Tallahassee,	

INHS11 (06/15)

Tallahassee, FL 32301

## Articles of Conversion For "Other Business Entity" Into Florida Limited Liability Company

15 AUG 10 PH 2:

The Articles 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.605.1045, Florida Statutes.

(Enter ?	Name of Other Business Entity)
2. The "Other Business Entity" is a	orporation
	nter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporate	d under the laws of Florida
February 25, 2013	(Enter state, or if a non-U.S. entity, the name of the country)
(date of organization, formation or incorp	oration)
	iability Company as set forth in the attached Articles of Organization:
ACS of Tampa, LLC	•
(Enter Name of	Florida Limited Liability Company)
	g, enter the effective date: date of filing
4. If not effective on the date of filing	enter the effective date:
(The effective date: 1) cannot be pr date this document is filed by the Fl date listed in the attached Articles of	ior to date of receipt or filed date nor more than 90 days after the orida Department of State; <u>AND</u> 2) must be the same as the effective of Organization, if an effective date is listed therein.) not meet the applicable statutory filing requirements, this date will not be listed as the

Signed this 8th day of July	20 13
Signature of Authorized Representative of Limit	ed Liability Company:
Signature of Authorized Representative:	0
Printed Name: Josue Cabrera	Title: AMBR
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)
Signature: Printed Name: Monthew J. McCleilan	
Signature:	Wild Wards of Day Towns
Printed Name: Mannew J. McCleston	Title: President, Owner, Incorporator
Signature	
Signature:Printed Name:	Title:
Signaturo:	
Printed Name:	Title;
Signature:	
Printed Name:	_ Title:
Circostura	
Signature: Printed Name:	Title:
,	
Signature:	
Printed Name:	Title:
If Florida Corporation:	- m
Signature of Chairman, Vice Chairman, Director, or Off Directors or Officers have not been selected, an Inc.	Jilicer.
is Directors of Officers have not been selected, an inc	orbotator must sign.
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnerskin;
If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners.	y Limited Partnership:
All others: Signature of an authorized person.	
•	
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ACS of Tampa, LLC		····
(Must end with the v	words "Limited Liability Company, "L.L.C.," or "LLC.")	<b>5</b> p.
ARTICLE II - Address:		ं ें जो
The mailing address and street	address of the principal office of the Limite	d Liability Company is:
Principal Office Address:	Mailing Address:	<u> </u>
13540 N. Florida Avenuc, Suite 205	1525 N.E. 22nd Avenue	
Tampa, FL 33613	Ocala, FL 34470	<u> </u>
		<del></del>
VI	Crana Ba	
Yanger Law (	Name	
217 N. Lois A	Name Avenue	
217 N. Lois A	Name  Avenue reet address (P.O. Box NOT acceptable)	
217 N. Lois A	Name  Avenue reet address (P.O. Box NOT acceptable)  FL 33609	
217 N. Lois A Florida str	Name  Avenue reet address (P.O. Box NOT acceptable)	
217 N. Lois A Florida str  Tampa  Having been named as regist liability company at the planest registered agent and agree to statutes relating to the proper	Name  Avenue reet address (P.O. Box NOT acceptable)  FL 33609	cept the appointment as ly with the provisions of al nd I am familiar with and
217 N. Lois A Florida str  Tampa  Having been named as regist liability company at the plane of the proper statutes relating to the proper accept the obligations of the proper accept the proper accept the obligations of the proper accept the proper	Name  Avenue  reet address (P.O. Box NOT acceptable)  FL 33609  City Zip  tered agent and to accept service of process face designated in this certificate, I hereby accept act in this capacity. I further agree to comper and complete performance of my duties, a	cept the appointment as ly with the provisions of al nd I am familiar with and

(CONTINUED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager	>	. 3
MGR	ACS Corporate, LLC	, A
	1525 N.E. 22nd Avenue	<u> </u>
	Ocala, FL 34470	
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ffective date is listed, the date mus	ne date of filing: (OPTIO t be specific and cannot be more than five busin	ONAL) ess day
LE V: Effective date, if other than the ffective date is listed, the date must days after the date of filing.)	t be specific and cannot be more than five busin the applicable statutory filing requirements, this date will no	ess day
LEV: Effective date, if other than the ffective date is listed, the date must days after the date of filing.) The date inserted in this block does not meet the date on the Department of States.	t be specific and cannot be more than five busin the applicable statutory filing requirements, this date will no	ess day
CLE V: Effective date, if other than the effective date is listed, the date must days after the date of filing.) The date inserted in this block does not meet t's effective date on the Department of State of the Ut. Other provisions, if any.  REQUIRED SIGNATURE:	t be specific and cannot be more than five busing the applicable statutory filing requirements, this date will not be records.	ess day
CLE V: Effective date, if other than the ffective date is listed, the date must days after the date of filing.) The date inserted in this block does not meet t's effective date on the Department of State CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a membana document is executed in I am aware that any false infor	t be specific and cannot be more than five busin the applicable statutory filing requirements, this date will no	ess day
CLE V: Effective date, if other than the ffective date is listed, the date must days after the date of filing.) The date inserted in this block does not meet t's effective date on the Department of State CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a membana document is executed in I am aware that any false infor	er or an authorized representative of a member accordance with section 605.0203 (1) (b), Florida Statutes. mation submitted in a document to the Department of State y as provided for in s.817.155, F.S.	ess day
CLE V: Effective date, if other than the ffective date is listed, the date must days after the date of filing.) The date inserted in this block does not meet the date inserted in this block does not meet the effective date on the Department of State CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a membor This document is executed in I am aware that any false infor constitutes a third degree felon Josue Cabrera, AMBR of	er or an authorized representative of a member accordance with section 605.0203 (1) (b), Florida Statutes. mation submitted in a document to the Department of State y as provided for in s.817.155, F.S.	ess day
CLE V: Effective date, if other than the ffective date is listed, the date must days after the date of filing.) The date inserted in this block does not meet the date inserted in this block does not meet the effective date on the Department of State CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a membor This document is executed in I am aware that any false infor constitutes a third degree felom Josue Cabrera, AMBR of The constitutes as a constitute as a constitute of the constitutes as a constitute of the constitutes as the constitute of the constitutes as the constitute of the constitutes as the constitute of the co	er or an authorized representative of a member accordance with section 605.0203 (1) (b), Florida Statutes, mation submitted in a document to the Department of State y as provided for in s.817.155, F.S.	ess day

The name and address of each person authorized to manage and control the Limited Liability